Clinical Lectures
ON
DISEASES OF THE URINARY ORGANS.

Delivered at University College Hospital.

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LECTURE IV.

HYPERTROPHY OF THE PROSTATE AND ITS CONSEQUENCES.

GENTLEMEN,—We pass from the subject of stricture to another very important complaint, and one of common occurrence—viz., hypertrophy of the prostate. It affects a large number of elderly people, and thus the practitioner is almost certain to come in contact with it pretty frequently.

It was stated, on the great authority of Sir Benjamin Brodie, that "when the hair becomes grey and scanty.....the prostate gland usually, I might perhaps say invariably, becomes increased in size;" and that is the impression which a large portion of the profession have respecting it. It was certainly that which was generally received when I first began to make some special researches in reference to this matter, now some ten or twelve years ago. I was then at the pains to examine after death all the bodies of male patients over fifty-five years of age who died in the Marylebone Infirmary; and afterwards, in Greenwich Hospital, the inquiry was pursued by Dr. Messer and myself. I took care to dissect each prostate very carefully, and discovered that, so far from the presence of prostatic enlargement being the rule, this condition was quite exceptional. I examined about two hundred cases—not picked cases, but all who died within a certain period, and I found that about one in three exhibited after death some enlargement of the prostate. But of those do not suppose that anything like a large proportion manifested symptoms; for only about one in seven, not more, had symptoms of the complaint. So that you see it is not to more than one in (let us say) ten men who live beyond fifty-five years of age to whom you may expect to be called to afford any relief for this affection. That, no doubt, is a large number. If you suppose that one man in every ten approaching sixty years of age has symptoms of enlarged prostate, you will see at once how often, if you have anything like a large practice, you may be called to attend to these cases.

We will now consider one or two anatomical points connected with enlarged prostate. This organ is, as you know, composed of two lobes and a median portion. Now, the part affected with hypertrophy very much influences the results in relation to the function of micturition. It is not necessary that there should be much enlargement of the prostate in order to produce very severe symptoms. On the other hand, you may have a very large prostate, and may have almost no symptoms. Almost the largest I ever saw, as big as a small cocoa-nut, produced very little obstruction to the flow of the urine. Thus, if the median portion of the prostate is only slightly enlarged, there may be retention. Let this figure [diagram] represent the two lobes, and this the median portion. If there is a small nipple-like projection at the median portion, just filling the internal orifice of the urethra, that may be quite sufficient to prevent every drop of urine passing by the natural efforts. You will remember, then, that if you have occasion to examine a patient, and you find a very large prostate, it does not necessarily follow that he should have great difficulty in passing his water; and, on the other hand, although you may find inappreciable enlargement by rectal examination or otherwise, you may not therefore conclude that all his troubles, and they may be considerable, are not due to this complaint.

I speak next of the symptoms. An elderly man comes to you and says that recently his water has not passed so easily, that it has issued in a dribbling stream, and he cannot propel it; that he requires to micturate a little more frequently, especially in the morning—probably two or three times while he is dressing; after which it becomes less troublesome, but at night it is rather more so than during the day. Then, if he does not say much about pain—which, of course, will excite your suspicion of calculus or some other complaint,—you will say, "This is probably a case of enlarged prostate." You do not necessarily proceed at once to pass the catheter, but you will ask the four questions already referred to. You will ask how frequently he makes water, and then, in connexion with frequency, whether the water ever passes without his being aware of it, or without his willing it. In many advanced cases you will find that some urine passes during a violent effort, such as coughing, or at night during sleep. Next you ask for pain, and if any, whether before, during, or after the passing of the water. If before, and the patient is relieved by making water, it is probably hypertrophied prostate. If it is after, you may expect calculus, which comes into contact with the mucous membrane of the bladder when the water is gone; whereas if he has a distended bladder, as he is likely to have with enlarged prostate, it is painful as distension occurs, and becomes less so as the urine passes off. Then you inquire about the character of the secretion, whether it is clear or cloudy. In most cases, at the commencement it is clear. In a great number of cases of prostatic enlargement, although the bladder has not been emptied for a month or even a year, the water is clear. On the other hand, if it is an advanced case the water will certainly be cloudy. And while you are talking of that you will also ask about the stream. You will generally find that it is a dribbling stream, different from the stream in cases of stricture. In stricture the stream is often propelled exceedingly well, although it is no larger than a thread, and so long as there is a stream he can act upon it by will, so as to make it stronger; whereas, strain as he may, in prostatic enlargement he often cannot influence the stream except for the worse. Then you ask the fourth question, "Do you pass blood?" Usually, in the early stages, the reply will be in the negative, although a little may appear after much exercise, so far suggesting stone.

Then you complete your diagnosis by mechanical means, and for this purpose you will first use a catheter. You should invariably make the patient pass water before you begin, because your object is not merely to ascertain whether enlarged prostate exists, but, what is much more important, how far it is a barrier to the exit of urine from the bladder. The great point to him and to you is, not the size, or condition, or shape of the prostate, but to what extent is it a barrier to the exit of urine. It is the quantity of urine left behind which will determine future treatment. I should advise you to use a gum catheter well curved, and certainly not a small one. As in stricture, always begin with a catheter of not less than 8 or 9, and of course without a stylet. In passing it keep the shaft well back in the groin, so as to maintain the curve. As soon as you have arrived at the bladder, carefully empty it, and note the quantity withdrawn. It may vary greatly, from an ounce up to almost anything you please. I have drawn off six pints, but that is a very large amount. You may find commonly from six to twenty ounces.

Now with regard to the employment of the instrument for patients with the symptoms described, do not forget that frequency of passing water, and still more the passing of it involuntarily, indicate the necessity for the catheter. It is remarkable how common are the errors, not merely of patients but of practitioners on this point. They are apt to be misled by the fact that the patient insists, "I do not make too little water; I am making water too frequently, and too much of it, and I am sure my bladder must be empty. Tell me how to retain my water, and I shall be much obliged to you; don't think of drawing it off." It is surprising how that sometimes influences the practitioner. Nevertheless these are the very circumstances in which you should pass the catheter. Always bear this in mind, (and I wish, figuratively speaking, to render that sentence in the largest capitals,) that INVOLUNTARY *micturition indicates Retention, and not Incontinence.* There are a few exceptions to the rule, but very few. Most of the mistakes that are made on this point arise from the use, or as I shall show you, the abuse of the word "incontinence," which means, of course, that the bladder is empty; and certainly when the bladder cannot hold its contents its condition is rightly described by the word incontinence. Now that happens only in very uncommon, but well-defined circumstances, such as in some cases of cerebral or cerebro-spinal paralysis, and in rare injuries to the neck of the bladder, and in these the urine runs off as fast as it comes from the ureters, the bladder having ceased to act as a reservoir. You see this one external physical sign is the same in these cases and in those in which the bladder is distended with urine; that is, there is urine dribbling

off by the urethra. But mark how totally different are the two conditions in question. Whenever, then, you meet with this involuntary flow of urine, miscalled "incontinence," do not confound it with the condition in which the bladder is empty. Rely upon it the bladder is full, and the only way of relieving the patient is by the use of the catheter. I lay great stress upon this, because I have seen lives sacrificed to a forgetfulness of this point. I have made post-mortem examinations of persons who have died from the effects of retention undiscovered during life, misunderstood because the urine constantly passed off, as it was supposed, "so freely."

Now we know that our views of things, and our consequent acts, are very much determined by the manner in which we use and apply words respecting them, and it is impossible to be too clear and defined in all language, especially in that which relates to pathological conditions and surgical practice. I cannot express to you how strong my sense is of the importance of this matter; hence I have made it my constant business to point out the common misuse of terms in connexion with this subject.

First, then, the term incontinence, which means the bladder is empty, or "can't contain," should never be employed by you to denote the phenomenon that the patient's urine flows involuntarily; for, as we have seen, in that condition the bladder is generally full. It is better to use another term—viz., "overflow"—to denote that state; and then, remembering always my maxim, that "overflow indicates mostly retention, and not incontinence," you will never make the fatal blunder I have spoken of, and which I assert to be so common. This, too, assimilates our usage very nearly to that of French surgeons. The French, with their more logical use of language, speak of the bladder as "engorged" and "overflowing," but never as incontinent, except to denote that rare condition in which the bladder is always perfectly empty. I have, therefore, long been in the habit of denoting a bladder which is full, but allows surplus urine to run off little by little against the will of the patient, as an "engorged" bladder, and the phenomenon thus described as "overflow;" and I hope you will do so too. This brings us to another misapplication of terms. In this country the condition of the organ just alluded to is often called "paralysis" of the bladder, and the unfortunate word leads to mistakes in practice. The bladder is rarely paralysed. I know nothing of it except as an effect of spinal or cerebral changes. The bladder is never by itself the subject of paralysis, meaning, of course, an affection of the nerves either central or peripheral. It may be unable to expel its contents, because there is mechanical obstruction, as enlarged prostate, stricture, or impacted stone, or because the muscles have lost their power of contracting from long over-distension; but this latter condition is "atony." This inability is in neither case due to impaired nervous supply—a subject to be considered at some subsequent meeting.

After this digression, which its importance must excuse, we will go on to complete the diagnosis. While the patient lies on his back you place your finger in the rectum, and examine the size of the prostate, whether it is very tender, and whether the enlargement is more on the right or the left side. Of course you do this as gently as you can. The finger should be well oiled. The best position for the patient is lying on the back, because you can press the other hand above the pubes, and gentle pressure there brings the bladder and prostate near the finger, and you can ascertain whether the bladder is distended or not.

We shall now come to the treatment. The *medical* treatment of enlarged prostate may be dismissed in a few words. There is nothing to be done for it—that is, you cannot diminish the hypertrophy. There is often temporary enlargement from congestion; and that you can do something for. But hypertrophy cannot be diminished by any known means. All sorts of things have been tried: iodine in all its forms. And there is scarcely anything in the Pharmacopœia that presented a chance of doing good that has not been tried. We must simply say that, for the present, we know no means of combating the enlargement itself. But much may be done by way of palliative to the results of the complaint; and much of this treatment is mechanical. This will consist, first, in relieving the distension by the catheter. I have reserved for this place what I have to say about the instrument itself. The reason for preferring, as a rule, the gum catheter for this purpose is as follows:—Different curves are required for different patients; and the English gum catheter I will back against any other instrument, English or foreign, for general use. Unlike the French catheter, which is admirable for softness and elasticity, you have the power of making it assume any form you like—a quality, perhaps, not so often rendered available as it might be, but which to my mind is of immense service. The instrument-maker generally curves the catheter in this way [diagram]: the point straight, and not well curved—the worst form in which you can put a catheter for use. For prostatic enlargement you require a catheter well curved *to its very point*. You should keep the instrument on an over-curved stylet for a month or so before employing it; and you will then find it easily assume the proper form, when you will pass it, as I need not say, without a stylet. If you require a stiff instrument, a silver catheter should be selected; not a gum catheter with a stylet in it. To return: you want the point of course to be carried over the obstruction formed by the enlarged prostate; and as the heat of the urethra always relaxes the curve, whatever it may be, by the time it arrives at the neck of the bladder, the ordinary gum catheter, as you have it from the maker, becomes nearly straight, and will not pass over the enlargement. [Diagram.] Now, when you have a catheter which has been well over-curved for a month or two, you remove the stylet and turn back the shaft, so as to undo the extreme curve and produce an ordinary one. And what happens when you pass it? In spite of the heat of the urethra, the catheter has a tendency to curve more, instead of less, as it passes down the passage. And this is precisely the difference between success and non-success. That little manœuvre I regard as of extreme value. It is a very simple thing: keep the catheter over-curved—not for stricture, but for enlarged prostate;—then turn back the shaft immediately before using. The curve gradually increases as it goes onwards, and it passes over the enlargement into the bladder. This is so simple that it seems scarcely worth making so much of; but I can only tell you that I know nothing of its kind that exceeds it in value.

Then there is another thing: you may want a special curve for a particular case. We have silver catheters with various curves. Here are several which are very useful. But the English gum catheter possesses a quality which, as I have before told you, is not found in any other: put it into warm water and bend it into any form you like; then dip it immediately into cold water, and it will maintain the required form. But the best form so produced may easily be spoiled by your mode of using it. Of course the curve must not be altered while the instrument is passing through the anterior part of the canal, for it is at the posterior part that this form is required: the shaft of the catheter must be kept closely back in the groin, and the penis brought round the curve, so as to preserve the latter until it reaches the deep urethra, when by well depressing the shaft the point will rise over any obstruction into the bladder.

The general treatment is not to be disregarded; and here I shall defer a good deal of what I might otherwise say until I come to speak of chronic cystitis, which will occupy a subsequent lecture. Cystitis is associated with so many diseases of the urinary organs that I may as well refer to the treatment under that head, instead of taking it separately, and recapitulating it in connexion with each disease. But as far as the general treatment of prostatic enlargement goes, the main thing is to prevent local congestion. You must tell the patient above all things to avoid anything like chills affecting the pelvic region, sitting on cold seats, exposure to cold; too much excitement, sexual or otherwise; long journeys, riding in jolting carriages,—all of which tend to produce pelvic congestion, and to interfere materially with the condition of the prostate.

One other point has relation to the action of the bowels. You may make a man with enlarged prostate very comfortable if you keep the bowels in gentle action. If he has constipation, and scybala lodge in the rectum, their presence is often the source of great discomfort. Sometimes a simple enema of warm water gives instant relief; but, if necessary, the action of the bowels must be provided for by means of gentle laxatives, such as senna, manna, bitartrate of potash, sulphur, or by sulphate of soda; anything which will act mildly, quickly, and without irritation, will keep him in a very different condition from that which is associated with habitual constipation.

I will devote the few minutes that remain to those cases of prostatic enlargement in which the difficulty of passing the catheter is considerable, and there is retention of urine. You may have a patient in whom prostatic enlargement has manifested itself rather suddenly; he may have had symptoms which he has not noticed, but he is suddenly attacked with congestion, he cannot make water, and he is in great distress in consequence. It is not a question how long a time is to elapse before the catheter is to be passed; you should relieve

him at once. You find there is a distended bladder, evidenced by dulness of percussion above the pubes. Possibly, before you, others may have come, and you may be called to pass the catheter in circumstances of some danger to life. Now, in the first place, you should be careful with regard to position. I advise you to pass the instrument with the patient in the lying position first, if the bladder is very large; if it is not very large, perhaps it is as well, or better, to pass it standing. You can empty the bladder better in the standing position; but if you find that the bladder is very large, make the patient lie down before you draw off the water. I have known great mischief arise from drawing off a large quantity of water from a patient when in a standing position. I have even known death occur suddenly from this cause. If I had time, I could tell you of a case in which a charge of manslaughter was brought against a surgeon in a court of justice in relation to such an occurrence. The circumstances were all well known to me, for I was there to defend a brother practitioner. In that case a catheter had been passed in the upright position, and the patient fell dead from syncope, when six pints of urine had passed; just as a patient with ascites might do if you tapped the abdomen in that same position. No doubt it was an error, but nothing could be more monstrous than to make it a matter of action at law. It is a very instructive case, and I mention it to show that in cases where the bladder is large, especially in old men, you may have fatal syncope arising in the way I have described. Take care also, in these circumstances, to draw off only part of the urine; and after a quart or so has passed, wait a little before you empty the bladder. If you fail to pass a gum-elastic instrument, by all means use a silver one. The silver prostatic catheter is sometimes essential; that is, one which is much longer and has a larger curve than the ordinary instrument. Sometimes, when these fail, a catheter with a short beak, like the sound or lithotrite, will pass easily. And always remember that anything like obstruction at the end can only denote that you are out of your path. No force should be employed. It is not a narrow passage; it may be a little close, perhaps, when you reach the prostate; but if you find any obstruction, you should withdraw and find another route, to the right or to the left. Never use force under any circumstances whatever.

If you have had much trouble in introducing a catheter you must sometimes leave it in. As a rule it is not good practice, but if an instrument must remain there, that made of vulcanised india-rubber is by far the best; it has generally to be mounted on a stylet for the purpose, which is withdrawn afterwards. It is the least irritating kind, and scarcely ever becomes coated with phosphates.

Subsequently, as the canal recovers, should the bladder not regain its tone, and the catheter is therefore necessary to be used two or three times in the twenty-four hours, you will probably in the course of time teach the patient to relieve himself; and he will often, with a little taition, succeed remarkably well. But it may happen that the catheter cannot be passed, and the subject of operation for the relief of the patient must be considered. This will follow in the next lecture, on "Retention of Urine."

EXPERIMENTS CONNECTED WITH SMALL-POX, INOCULATION, & VACCINATION.

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GENERAL SUPERINTENDENT OF VACCINATION, MADRAS PRESIDENCY.

(*Concluded from p. 127.*)

OBSERVING that in every case a modified form of small-pox resulted from the transfer of the small-pox virus passed through the cow, I now determined as a further experiment and test to pass the virus from one of these modified eruptions in the subject to the cow. With that view, on the 1st December, 1866, a cow-calf, aged eighteen months, was selected, and virus taken from a modified pustule (that one having all the characters of small-pox) on the arm of a girl named Beejan Bee,* was inserted on each teat, inner surface of right thigh, under stump of tail, and several punctures were made in both ears, taking care to put on a sufficiency of lymph in each of the insertions.

5th. Nothing perceptible at the insertions, except the puncture on the thigh, which seems slightly elevated, and about the size of a small coriander-seed. Two punctures about the tail feel gritty to the finger, but nothing perceptible.

7th. Seven days after operation. Nothing perceptible, excepting that the puncture on the thigh promises to rise; is reddish, with a brownish scab at the summit, slightly depressed. This was broken this morning, and the little fluid that oozed out was scraped up on the point of a lancet, and inserted into the arms of two children. The punctures about the tail have small dry crusts of blood covering them, and are slightly elevated; those in the right ear are inclined to redden, and are also elevated.

8th. The papule ruptured yesterday has a circular reddish-brown crust covering it, and the surface immediately around somewhat pink. One of the punctures in the ears has slightly increased, flat at the side, and minute radiating striæ are observed. The size of the puncture itself is about that of a split pea, but not elevated in proportion to its width. There is a second one exactly similar, but of smaller size. These two were broken this evening, and the little clear fluid that oozed was transferred to another subject, and subsequently a capillary tube was half charged, being taken up on the point of a lancet, and passed into the tube. The fluid thus collected was of a straw colour, and was forwarded to the vaccine depôt for trial.

9th. The papules that were ruptured yesterday are somewhat darker in colour, and have a very thin, light-brown crust covering them. The surrounding skin is somewhat puckered. The health of the animal continues as usual.

12th. The papule on the right thigh, from which lymph was removed on the 7th, has scabbed; the tumefactions are subsiding. All the others have disappeared.

14th.—The scab on the right thigh has dropped off, leaving a small white mark. The papules on the right ear still retain their brown scabs.

18th.—The scabs on the ear have dropped, leaving small white spots. The animal being considered quite well, was discharged.

Virus from the above case was transferred to the following subjects on the 8th December, 1866:—

1. Aboo, male, aged five.
2. Coopoosawmy, male, aged five.
3. Lutchmee, female, aged a year and a half.

In the last two the operation failed. They were revaccinated with matter taken from the successful case on the 18th Dec., successfully. The operation was followed in No. 2 by secondary eruptions, but in No. 3 there were none. In No. 1 (Aboo) there were six good vesicles from the primary operation, characteristic of vaccination; but on the 19th secondary symptoms showed themselves.

Second Transfer.

On the 16th virus was transferred from Aboo (No. 1) to—

1. Pareasawmy; male, aged nine. Operation failed.
2. Chinnasawmy; male, aged five. Operation succeeded, and was not followed by any secondary eruption.

Third Transfer.

From No. 2 in the second transfer, lymph was transferred to—

1. Ammay; female, aged five. Operation succeeded, without secondary eruptions.
2. Minchee; female, aged four. Operation succeeded, but was followed by a few eruptions.

Fourth Transfer.

Lymph was transferred from No. 1 (Ammay) of the third transfer, on the 30th December, to—

1. Minchee; female, aged six. Operation succeeded, but was followed by a dozen eruptions.
2. Armoogum; male, aged six. } Operation failed.
3. Moonoosamy; male, aged six. }

Fifth Transfer.

Lymph from No. 1 (Minchee) of the fourth transfer was transferred to the following subjects on 6th January, 1867:—

1. Mungalutchmy; female, aged five. } Operation succeeded, followed by secondary eruptions.
2. Jumman Ally; male, aged four. }

Sixth Transfer.

On the 14th January Sydam Bee was operated on from lymph taken from Jumman Ally. The operation succeeded, followed by secondary eruptions.

* First transfer.

TRIAL OF SMALL-POX VIRUS PASSED THROUGH THE COW, AND RECEIVED FROM ARCOT FOR TRIAL AT THE VACCINE DEPOT, MADRAS.

LYMPH EMPLOYED.	NAME OF SUBJECT.	DATE OF OPERATION.	FIFTH DAY.	SIXTH DAY.	SEVENTH DAY.	EIGHTH DAY.	NINTH DAY.	ELEVENTH DAY.	THIRTEENTH DAY.	FIFTEENTH DAY.	REMARKS.
Tube lymph, Nov. 24, 1866	1. Ponnoosawmy, male, aged 2 yrs.	Dec. 6, 1866	Six good vesicles rising, three in each arm; in both cases fever last night; no swelling of glands, &c.	Progressing; slight fever	Progressing; no fever	Progressing	Pustular	Scabbing	Crusts almost dry	Scabs have fallen off	No extraneous symptoms observed in both these cases; nor was there any eruption other than vaccine, although seen on the 25th day after operation
Ditto	2. Ragavah, female, aged 3 yrs.	Ditto		Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	
Ditto, Nov. 26	3. Pragasam, male, aged 10 mths.	Dec. 7	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Result not known
Ditto	4. Chengen, male, aged 7 mths.	Ditto	Six small vesicles; no fever	Progressing; no fever	Progressing; no fever	Progressing	Pustular	Scabbing	Scabs have fallen off	Well	Same remarks as Nos. 1 and 2
Ditto, Nov. 27	5. Sundee, female, aged 1 yr.	Dec. 8	Three good vesicles in right arm; two in left; no fever	Ditto	Ditto	Ditto	Ditto	Scabbing; one scab has fallen off	The remainder have dropped	Ditto	Ditto
Ditto	6. Ponnee, female, aged 3 mths.	Ditto	Three good vesicles in left arm; two in right; no fever	Ditto	Ditto	Ditto	Ditto	Ditto; two have fallen off	Ditto	Ditto	Ditto
Ditto, Nov. 29	7. Tharovidian, male, aged 5 mths.	Dec. 10	High fever last night; six good vesicles are rising in both cases	Progressing; slight fever in both cases	Ditto	Ditto	Fever still; pustular	Scabbing	One scab dropped	The remainder have dropped	Ditto
Ditto	8. Elizabeth, female, aged 4 mths.	Ditto		Ditto	Ditto	Ditto	Ditto	Ditto	Three scabs dropped	Ditto	Ditto
Tube lymph from an inoculated calf of the 8th day, on Dec. 8th, 1866	9. Meenachee, fem., aged 3 mths.	Dec. 11	Very high fever last night; great swelling of axillæ and back of neck; six good vesicles rising in both cases	High fever last night; six good vesicles distinct in each case; swelling of glands continus	Fever again, not so high; vesicles progressing very satisfactorily	Vesicles ruptured; fever still	Pustular, fever	Ditto	No fever; crusts dry	Scabs have dropped	These cases were seen again on Dec. 29th; the cicatrices were well marked, but no eruption of any kind followed
	10. Moonean, male, aged 1 yr.	Ditto				Fever still; vesicles progressing	Ditto	Ditto	Ditto	Ditto	
Transfer from Case No. 1, operated on with virus from Arcot	Ellee, female, aged 3 mths.	Dec. 12	Vesicles rising	Six good vesicles; high fever; no axillary tenderness or swelling	Progressing; slight fever	No fever; progressing	Pustular	Scabbing	Scabs have fallen off	Well	Seen again on the 29th, but there was no eruption; the cicatrices were well marked
Ditto	Thayee, female, aged 4 mths.	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Scabs are nearly off	Fallen off	Ditto
Ditto, No. 2	Venestee, female, aged 7 mths.	Ditto	Ditto	Ditto; no fever	Ditto	Ditto	Ditto	Ditto	Scabs dropped	Well	Ditto
Ditto	Nursigadoo, male, aged 3 yrs.	Ditto	Ditto	Ditto	No fever; progressing	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto
Ditto, No. 4	Ellapen, male, aged 5 mths.	Dec. 14	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Not seen afterwards
Ditto, No. 5	Lutchmagadoo, male, aged 5 yrs.	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Seen on the 29th; well marked cicatrices; no eruption
Ditto, No. 6	Atchamah, female, aged 3 yrs.	Ditto	Ditto	Four vesicles; two failed; high fever	Slight fever; progressing	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto
Ditto, No. 7	Nagee, female, aged 2 yrs.	Dec. 17	Ditto	Six small vesicles; slight fever	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto
Ditto, No. 8	Nagee, female, aged 8 yrs.	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto
Ditto, No. 9	Ponnee, female, aged 3 yrs.	Ditto	Ditto	Very high fever; six good vesicles	High fever; progressing	Slight fever; progressing	Ditto	Ditto	Ditto	Ditto	Ditto
Ditto, No. 10	Putchay, male, aged 1 yr.	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto

The experiments were now discontinued. Small-pox continued in the place and vicinity during the whole period.

There were six successive transfers made on thirteen subjects. The vesicles so raised were good, and were exactly like vaccine vesicles; but in these cases, also, secondary eruptions followed about the usual time. Of the thirteen cases subjected to this series of operations, in three only the insertions vivified and ran their natural course similar to vaccination; and in the remaining ten, although the disease succeeded and ran the usual course as the above, still, on the twelfth day, a few secondary eruptions followed in every one of them.

I am indebted to my assistant, Mr. W. H. Boulth, sub-assistant surgeon, and deputy superintendent of vaccination Salem Circle, for recording these cases for me, and for watching the results in most of these cases, during my absence on a tour; and to Mr. Sub-Assistant Surgeon Lincoln, deputy superintendent of vaccination Madras Circle, for testing and watching the effects of the supply of lymph sent from Arcot to the Vaccine Depôt, Madras.

Statement of Inoculation of Animals.

A. A calf, aged eighteen months, operated on Oct. 31st, 1866. Matter from a pustule in the leg of a patient affected with the disease. The eruption about the face must have been confluent, but is now scabbing. The eruptions on the trunk and upper extremities are numerous, but not confluent, and are also scabbing. The eruptions on the legs and feet in a pustular stage. Punctured on all four teats and in both ears. Result successful.

B. A bull, aged two years, operated on Oct. 31st. From matter from the above, and used about three hours after removal from the subject. One puncture on the scrotum, one in the inner canthus of the left eye, and a little matter was put into a recent wound on the left thigh. Result irregular (*vide* case).

C. A red heifer, aged two years and a half, operated on Nov. 1st. Lymph (a clear fluid) from a subject with seventh day's eruption. The pocks were numerous, but not confluent; eruptions about the size of a seventh-day vaccine vesicle, and distinctly umbilicated. The fluid was immediately transferred to the following animals. Punctured on the teats. Result successful.

D. A pony, operated on Nov. 1st. Lymph from the above subject immediately transferred. Punctured by the side of the nostrils. Lost sight of.

E. An ass, operated on Nov. 1st. Lymph from Case C transferred. Punctured by the side of the nostrils. Failed.

F. A dog, operated on Nov. 1st. Lymph from Case C transferred. Punctured on both ears. Successful.

G. A he goat, operated on Nov. 1st. Lymph from Case C transferred. Punctured on scrotum and both ears. Successful.

H. A black bull, aged two years, operated on Nov. 10th. A clear fluid from a boy with seventh day's eruptions. The pocks resembled vaccine vesicles of the same day. The eruptions were from 200 to 300 in number, and with distinct central depressions; pearl colour; when broken a clear fluid slowly exuded from them. One puncture on left ear, three on anterior surface of scrotum, and one on posterior surface. Successful.

I. An ass, operated on Nov. 10th. Matter taken from the above. Punctured on the sides of the nostrils. Successful.

J. An old cow, operated on Nov. 10th. Matter from a subject. The eruptions were more numerous than in the preceding case, and looked like the little vaccine vesicle of the fifth or sixth day. Pock afforded clear fluid, which was transferred at once. Punctured in both ears. Failed.

K. The old cow's calf, operated on Nov. 10th. The matter used was the same as in the preceding case, and the eruptions bore the same characteristics. Punctured on the teats and in one ear. Failed.

CASE OF A

FOREIGN BODY REMOVED FROM THE FEMALE BLADDER.

BY HENRY SMITH, F.R.C.S.,

ASSISTANT-SURGEON TO KING'S COLLEGE HOSPITAL.

SEVERAL very remarkable and interesting cases where foreign bodies have been removed from the bladder either of the male or female, must be familiar to the readers of THE LANCET, as they have been within the last few years reported in this journal by Sir William Fergusson, Sir Henry Thompson, and myself. To these I have now to add another singular case, where surgical aid was necessary for the removal of a body which had been purposely introduced into the urethra by a woman, and which had subsequently slipped into the bladder.

I was requested, on the evening of Dec. 18th, 1867, by Dr. Cartwright Reed, to see Mrs. ——, a married woman and mother of children. I was informed that twenty-four hours previously she had, for some purpose best known to herself, introduced into the urethra an instrument made of bone, used for the purpose of clearing the nails, and which in shape and size was very similar to an ordinary mustard-spoon. When Dr. Reed was called to her he found that the foreign body had slipped into the bladder, and accordingly he introduced a suitable pair of forceps, and endeavoured to extract it, but as it lay across the bladder, he failed to get it out, and after some attempts desisted.

On making an examination I found that the urethra was so large and dilatable as to allow of the insertion of my little finger, which I was gradually able to pass into the orifice of the bladder, and I then could feel the foreign body lying transversely. With the view of extracting it entire I introduced the forceps, and caught it. I next passed my forefinger into the vagina, and endeavoured to turn the body round, but could not succeed after several attempts.

Finding that it was impossible to extract it entire, I introduced a powerful lithotrite and tried to crush it, but I could not succeed until I caught it at one extremity, when, putting on all the force I could muster, it gave way; and on introducing the lithotrite scoop I extracted the broad or spoon end. I next managed to break off the other and pointed extremity, and withdrew that. Still I found that there remained entire the body of the bone; and, being unable to extract that, I seized it with the large lithotrite, and made several attempts to break it: but in vain; for the instrument itself, constructed of the finest tempered steel, bent to such a degree under the force of the screw that I was fearful of breaking it, and desisted, intending to defer any further attempt until I could obtain a more powerful instrument. I determined, however, to make one other trial to seize the now shortened piece of bone and extract it, and accordingly introduced the small lithotrite scoop, and most fortunately caught the foreign body by one end, and extracted it entire without difficulty.

The operation was a long and severe one; but the patient bore it well, and when it was completed sat up in the bed, and, with the utmost *sang froid*, examined the parts removed, and pointed out to me where the pieces fitted, in such a manner as to convince me that it was not the first time she had made use of this singular instrument for her own particular purposes. This patient suffered much pain for a few hours after the operation, and passed a good deal of blood; but her symptoms rapidly subsided, and forty-eight hours afterwards Dr. Reed informed me that she had passed her water perfectly free from blood, and had complete control over the bladder.

From the accompanying engraving of the foreign body it will be seen that portions of either end had been broken off by the lithotrite. These pieces were either completely crushed, or were lost after removal.

Wimpole-street, Cavendish-square, Feb. 1868.

THE GRAPHIC METHOD APPLIED TO THE MOVEMENTS OF RESPIRATION.

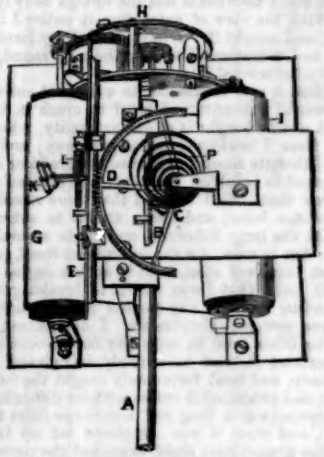
BY DAVID C. M'VAIL, ESQ.,

HOUSE-SURGEON TO THE ALNWICK INFIRMARY, NORTHUMBERLAND.

OF late years, various instruments have been invented and brought into use for the purpose of obtaining true and permanent tracings of varying movements on paper moving at a uniform rate by means of clock or watch work. So far as I can learn, the first suggestions on this subject were made by Professor Andrew Buchanan, of Glasgow, who many years ago proposed an instrument for giving a permanent record of

the motions of the bloodvessels. But, for some reason or other, the idea received comparatively little notice until quite recently, when Prof. Marey introduced his improved sphygmograph. Some time ago, also, Morin constructed an apparatus for recording the rate of the rapidity of falling bodies, which traced their descent on a cylinder moving perpendicularly by means of clockwork. And for some time past a machine has been used by mariners for permanently recording the course of ships during long voyages.

Somewhat more than six months ago, the idea occurred to me that the graphic method might, with very great advantage, be applied to the movements of respiration; and, after considering the matter very attentively, I had a model constructed, which, on being tested, satisfied me that the idea would work beautifully, if properly carried out. Accordingly, I engaged a first-class workman to construct from the model and some drawings a small machine which I had every reason to believe would answer the purpose. And I have not been disappointed, for the instrument represented in the accompanying engraving, so far as I have yet wrought with it,

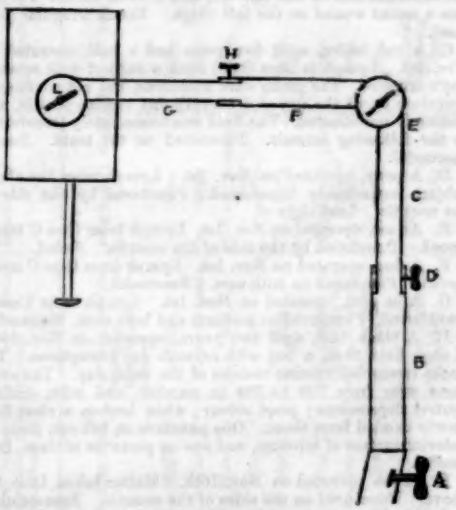


answers my most sanguine expectation. It will be seen from the diagram that the "spirograph" (for so I purpose calling it) in no way resembles the sphygmograph, except in so far as both it and the sphygmograph resemble all the other graphic instruments—namely, in that they write on paper moved by clockwork. Nor is it from any love of novelty that it differs from its elder brother, but from the fact that no instrument constructed on the plan of the sphygmograph would be of the slightest use as a spirograph. And the reason of this is very obvious. As most of the readers of THE LANCET are aware, Marey's improved instrument consists essentially of a lever of the third kind, there being a fulcrum at one end, and the pen which writes on the moving paper at the other, the power being applied between and close to the fulcrum, in order that the comparatively small motion of the pulse may be considerably multiplied. Now, of course, the pen moving at the end of the lever would, if a uniform motion were applied—such as would be given by a small sewing-machine,—describe, not perfectly straight lines (as, to be theoretically correct, it ought to do), but a series of arcs of a circle, thereby necessarily confounding the curved tracings caused by the instrument itself, and those which may be imparted to it by the part under examination.

Now, in the case of the sphygmograph, where the motion of the pulse is so very small, and the circle described so very large, the imperfection is practically of but little consequence, although I can see no reason for working with an incorrect instrument (especially one so delicate) when a perfect one can be so easily constructed on the principle figured in the diagram. But in the case of respiration, where usually the motion is pretty considerable, and in forced breathing is very great indeed, the lever is quite inadmissible; for any lever of a workable size would give tracings so very much curved as to be quite useless. For the markings to be of any use the lever would require to be several feet in length, and the pencil end would move through such a space, and, consequently, would require paper of such breadth and length as to need a moving power little short of a small steam-engine to work the paper drums. And, besides, it would take so much power to work the lever that its delicacy, and consequently its truthfulness, could not be relied on.

Therefore, so far as I can see, the best and simplest plan of overcoming the difficulty is that represented in the figure. The piston (A), which is applied to the chest, moves, and moves with (but is not attached to) the small rack (B); which, by means of the small wheel (C) and the large wheel (D), moves the large rack (E), to which the pen (K) is attached. Now, as the radius of the wheel D is exactly three times as great as that of C, it follows that the motion of the large rack E, and with it the pen, will be exactly three times that of the rack B, and, consequently, the respiratory movements are by the machine multiplied thrice. The drum (G) is turned by the clockwork (H) at a uniform rate, and is supplied with paper by the feeding-drum (I). The pen (K) (which is merely a glass tube drawn to a point and filled with red ink) moves with the rack (E) in a straight line up and down, and, by means of the fine spiral spring (K), the point of the pen is kept always gently applied to the paper on the drum. The drums are so constructed as to be easily taken off and put on, in order that they may be supplied with paper without trouble; and a small spring drag is kept applied to the end of the feeding-drum to prevent the paper from being too readily drawn off. The clockwork, also, is so constructed that, by means of a small "catch," it stops spontaneously every minute in order to isolate each minute's work by itself. The work resumes its motion whenever the catch is pressed down. The piston (A) is made to follow the part of the chest or abdomen to which it is applied by the action of the coiled spring (F); and the strength of this spring can be regulated to any desired extent.

The most convenient form of stand is that represented in the figure. It is attached by the screw A to the back of a



chair. The tube C moves up and down and round about within the tube B, and is fixed in any desired position by the screw D. The joint E, which is fixed at will by the finger-screw, allows of motion as a horizontal hinge-joint up and down. The tube G draws in and out and moves round about in the tube F, and is tightened by H. The spirograph itself is easily attached to and detached from the flattened end of G, by means of the finger-screw L, which also acts as a horizontal joint, allowing the instrument to turn freely round about. This stand, therefore, allows application of the spirograph to any part of the chest or abdomen, and is, at the same time, very portable. When it is desirable to obtain tracings of the motion of the whole of one side of the chest, from the spine to the sternum, at once, a piece of tape or a smooth leather belt is attached by one end to the table on which the patient lies, or to the chair on which he sits, and being brought round the chest or abdomen, is attached by the other end to the extremity of the piston.

The form of instrument here described appears to me to possess the following recommendations:—

1st. It is exceedingly simple and portable, for although the one with which I am at present working is in size about as

large as a small French clock, there is no necessity for its being much if at all larger than a fair-sized snuff-box.

2nd. It can be applied to any individual part of the chest or abdomen, and to any extent of the chest or abdomen at once that may be desired.

3rd. It is, if properly made, (the teeth especially must be properly cut,*) *absolutely correct*; for if the piston be worked by a uniform motive power, the tracings must be quite rectilinear.

4th. By having variously shaped end-pieces for the piston, it will, I am certain, be easily applied either to the parts concerned in respiration, to the heart, or to the bloodvessels; in fact, it will be a spiro-cardio-sphygmograph, or, for brevity's sake, a "nêtograph." My present instrument is rather too large for the arteries, but there is not the slightest difficulty in the way of constructing one that will do for all.

As this paper is quite long enough already I must defer at present giving any account of my practical work with the spirograph, but will forward a brief account at an early date.

Alnwick Infirmary, Jan. 1868.

ON A CASE OF

AMPUTATION AT THE SHOULDER-JOINT.

SECONDARY HÆMORRHAGE;

SUCCESSFULLY TREATED BY LIGATURE OF THE SUBCLAVIAN ARTERY.

By W. H. FOLKER, F.R.C.S.,

SURGEON TO THE NORTH STAFFORDSHIRE INFIRMARY.

On the 7th of June, 1867, Joseph H—— was admitted into the North Staffordshire Infirmary, under my care, in consequence of the severe injuries he had received from the cog-wheels of a powerful machine, into which he had been drawn whilst oiling the machinery when in motion. He was found to have sustained a compound fracture of the lower jaw, and his right arm was literally smashed to within a few inches of the shoulder-joint.

At the time of his admission I was absent, and my colleague, Mr. Alcock, amputated the arm at the shoulder-joint, there being hardly sound skin enough to cover the parts. Not much was done to the jaw beyond the usual bandage, as the patient was much exhausted.

The following day the patient had recovered from the shock of the operation. A more careful examination of the jaw was now made, when it was ascertained that besides a fracture through the symphysis, another one existed, completely dividing the bone on the right side, just anterior to the angle. An attempt was made to fix the fractured part by wire twisted round the teeth, a piece of gutta-percha being moulded to the jaw externally, and secured by a firm bandage. Although this plan appeared to answer very well at the time, in two days it all gave way, leaving the displacement as bad as ever. The bone was now drilled, and the parts fastened with strong silver wire; but as this was also unsuccessful, a dentist was instructed to cap the entire row of teeth with a plate, and this kept the fractured parts in tolerably good position till union was effected.

As far as the arm was concerned, the patient progressed very favourably, taking beef-tea, milk, eggs, and a little brandy-and-water daily.

On June 23rd the last ligature came away.

29th.—Slight hæmorrhage occurred, which was stopped by pressure.

29th.—At 5 A.M. the hæmorrhage recurred to an alarming extent. Pressure was made by the house-surgeon firmly over the subclavian, and controlled the bleeding as long as it was applied. A consultation was hastily summoned, and it was at once decided to ligature the subclavian artery, as no doubt existed as to the source of hæmorrhage. The artery was tied in its third part; the usual incisions in the skin and through the platysma were made, and the dissection down to the artery and through its sheath was completed with a silver scalpel; the aneurism-needle was passed between the artery and vein. No blood was lost during the operation; but the patient was faint and blanched from the loss he had previously sustained.

30th.—Passed a good night without an opiate; pulse 80; body warm; no sickness or faintness. To take milk diet. There is a sanious discharge from the axilla, which is much swollen, evidently with clotted blood.

This swelling and discharge gradually diminished, the case progressing favourably until July 12th, when diarrhœa set in, which, however, was soon checked by the compound chalk powder with opium.

On July 23rd, at 3 P.M., the ligature came away, twenty-four days after the operation. The patient looks well, and has a good appetite, though eating is somewhat difficult on account of the jaw. There is still a purulent discharge from the lower part of the wound in the axilla.

August 16th.—Another attack of diarrhœa came on, but yielded to the treatment employed on the previous occasion.

On the 27th he was discharged cured.

Hanley, February, 1868.

* My friend, Mr. Henry Trotter, of Alnwick, suggests that instead of tooth work, a piece of Geneva spring, or of the internal chain of a watch, be attached by one end to the wheel, and by the other to the rack.

CONTRIBUTIONS TO

PRACTICAL MEDICINE AND SURGERY.

By FRED. H. MORRIS, M.D.

No. IV.

UTERINE HYDATIDS.

A VARIETY of opinions exist among obstetric practitioners respecting the pathology of uterine hydatids, some authors attributing their development to degeneration of the villi of the chorion, while others assert they may occur without sexual intercourse. That they may be produced by degeneration of retained placenta the following case will show.

Mrs. L——, the mother of three children, the youngest of whom died about five years ago, consulted me in June, 1867, on account of uterine hæmorrhage. The history she gave was that she had aborted about five weeks previously, being then, as she supposed, four months advanced. The hæmorrhage had continued at intervals ever since. She positively refused to submit to an examination. I therefore prescribed a mixture of gallic acid, tincture of cinnamon, &c., and recommended rest in the recumbent posture. This treatment relieved the hæmorrhage, which, however, returned on any exertion until the 23rd of July, when I was hastily summoned on account of profuse hæmorrhage, which alarmed her, and she then consented to be treated properly. On examination, I found the os uteri patulous, so as to admit the tip of the finger, and a spongy mass blocking up the orifice. As it could not readily be detached, I plugged, and gave a few doses of ergot. In a few hours uterine contractions came on; and, on removing the plug, the placenta followed, together with a mass of hydatids sufficient to half fill a washhand basin, varying in size from a pea to a large grape. A few more cysts were removed, after which the uterus contracted, and the hæmorrhage ceased. The breasts became turgid and painful on the third day, which were relieved by a few doses of iodide of potassium, the lochia remaining as after a natural labour, and she gradually recovered her strength.

The above proves the utter impossibility of satisfactorily treating uterine hæmorrhage without examination, either digital or, if necessary, by means of the speculum. Had this been allowed in the first instance, much suffering, and even danger, would have been prevented.

Cheltenham, Feb. 1868.

A CASE OF CONFLUENT VARICELLA.

By J. PIDDUCK, M.D. EDIN., M.R.C.P. LOND.

THE confluent form of varicella is so rare that a well-marked example of it is worth recording, because of the striking resemblance it bears to confluent variola; the one a very formidable and alarming disease, the other of a comparatively trivial nature.

In November last about half a dozen cases of simple varicella had appeared among the students in the Home and Colo-

nial Training Schools, Gray's-inn-road. The eruption consisted of papulæ, with only a few characteristic vesicles here and there dispersed, and attended with very slight indisposition, the eruption drying off within a week. Separation of the subjects of this slight epidemic was enjoined.

On November 29th my attention was called to M. R——, aged eighteen. She complained of universal malaise, of the rheumatalgic kind. On Dec. 4th numerous papulæ appeared on the face and hands, which spread over the whole surface. On the ninth day they became vesicular, filled with straw-coloured fluid, and confluent, first on the wrists and back of the hands, then on the face and forehead, forming a complete mask. The eruption—first papular, then vesicular, but never purulent—was distinct but very numerous, over the whole surface, and many vesicles occupied the tongue and fauces. Although the eruption was so formidable, the eruptive fever and the secondary or fever of maturation were comparatively mild. On the fourteenth day the vesicles began to dry off in flakes on the wrists and face, leaving only a redness, no cicatrices; and on the rest of the surface in round scabs, without the slightest approach to the umbilicated crusts of variola. It appeared simply as a cutaneous eruption, which did not extend to the basement or subareolar tissue, and therefore it gave rise to only very slight pitting.

The case was seen by my friend Dr. Bealey, of Tavistock-square, who at once fully confirmed my diagnosis. He had never seen a case of the kind before; and I only one, that I recollect, twenty years ago, which came under my care at the same institution.

The treatment was very simple: an aperient in the papular, and again in the vesicular, febrile stage; effervescing citrate of potass; a darkened, airy room; a cool regimen; painting the face with flexible collodion to prevent the possibility of cicatrices. The diet consisted of apple-tea, barley and gum-water flavoured with lemon-peel; corn-flour, arrowroot, and milk; custard pudding during the febrile or eruptive stage. Then chicken-broth and chicken during desquamation and convalescence. She really had not an untoward symptom from the commencement to the termination of this apparently appalling, but in reality mild, disease.

Montague-street, Feb. 1868.

PARALYSIS OF THE FEMALE BLADDER AFTER DELIVERY, CURED BY THE INTERNAL APPLICATION OF ELECTRICITY.

By W. H. TAYLER, M.D.

I LATELY attended a patient, aged thirty-five, in her first confinement. The labour was a very tedious one, and eventually I had to deliver with the forceps, which, owing to the smallness of the pelvis, was a matter of some difficulty. The child was, however, born alive. There was no injury to the soft parts; but the patient was unable to pass any urine, saying she seemed to have lost feeling, and had not any power to evacuate the bladder. I passed the catheter twice daily for some days, and adopted the usual remedies, without any result in improving the tone of the bladder. I therefore resolved to try the effect of electricity to the internal surface of the bladder, having lately purchased of Mayer one of Dr. Mackenzie's laryngeal electrodes. I saw it would be a most convenient instrument to use in this case; so having attached to it a magneto-electric machine, I passed the instrument into the bladder, and applied the electric current for about five minutes, completing the circuit by passing the other handle of the machine over the pubic region and sacrum. After two applications (the bladder being previously emptied) there was a slight improvement. On the third application I introduced the electrode before using the catheter, and under the influence of the electric current the bladder forced the urine out by the side of the instrument, and on the same day the patient was able to pass urine. I applied it again for the fourth time on the following day on the emptied bladder, after which the patient had full control over the bladder, and continues to pass her urine without any difficulty, and is doing well in every respect.

Tudor House, Anerley, February, 1868.

THE HOSPITAL FOR CONSUMPTION has become entitled to £1000 under the will of Henry Blundell, Esq., of Devonshire-place, Balham, Surrey.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

LONG-CONTINUED SYPHILIS; TRANSMISSION OF THE DISEASE TO TWO CHILDREN; ULCERATED TONGUE CURED BY PROLONGED MERCURIAL COURSE.

(Under the care of Mr. BERKELEY HILL.)

THE following history, which extends over several years, gives a striking example at once of the obstinacy of syphilis, and the marked influence produced upon it from time to time by the administration of mercury. The account is, besides, of special interest in reference to the condition of the patient's children, who presented most characteristic marks of the inherited disorder. We publish it in more than usual detail, because it furnishes incidentally numerous hints as to the diagnosis and treatment of constitutional syphilis.

J. L——, aged thirty-nine, married sixteen years. According to her account three months after marriage she caught a violent cold. This was soon followed by ulceration of the tongue and throat; the latter got better, but not the tongue, which has been more or less diseased ever since. At the outset she took much sarsaparilla, but probably no mercury at that time. Including four miscarriages, she has had nine pregnancies. Two children are living; of the rest, one died of heart disease when ten and a half years old, another at birth, and four years ago, a third, the last, was born dead. She believes she has never had a primary syphilitic sore, breakings out on the skin, or other signs of syphilis. She has taken a great quantity of mercury to try to cure her tongue, but hitherto in vain.

At the time of first observation, November, 1864, the tongue was much swollen, its upper surface marked with white patches, and deeply divided by sinuous fissures, which gave it a chequered appearance. There was much thickening and ulceration at the sides, especially on the left, to ease the chafing of which against the teeth, she had once a molar tooth drawn. Her health had been tolerably good, her chief ailments having been this disorder of the tongue and repeated miscarriages. She looked fairly robust, and had no syphilitic aspect. She was ordered a quarter of a grain of bichloride of mercury, four grains of iodide of potassium, and an ounce of infusion of quassia twice a day, and to use a gargle of hydrochloric acid and alum frequently. After taking this medicine a week, the tongue looked and felt much better.

Nov. 16th.—An ulcer has appeared on the lining membrane of the septum narium, for which an ointment of nitric oxide of mercury was ordered, and it is very nearly well. The tongue is better. The gums are very slightly spongy, and a little tender. Mixture and gargle repeated.

30th.—Tongue less painful; not so much swollen. The patient feels altogether better. Medicine changed to one-eighth of a grain of bichloride of mercury, four minims of dilute hydrochloric acid, one ounce quinine mixture, three times a day.

Dec. 7th.—Tongue worse to-day. There is a large white patch on the upper surface on the left side. The ulcers of the left edge are rather more prominent.

17th.—Tongue much better; the large white patch still remains. Other smaller patches are now scarcely visible.

Jan. 18th, 1865.—The tongue is more shining and brighter; it causes less pain when moved. Numerous small aphthous-looking spots are visible on the roof of the mouth.

25th.—All the patches except the large one have disappeared. The roof of the mouth is better. As the gums are not much affected, the dose of bichloride of mercury to be changed from an eighth to a fifth of a grain.

Feb. 1st.—Tongue much better; the ulcers on the right side

are healed; those on the left are softer to the touch. The remaining white patch is smaller. The general health much improved; appetite considerably better; patient sleeps better; speech still rather indistinct; gums slightly tumid.

Feb. 15th.—Tongue gradually improves. Mercury has been replaced by ten grains of iodide of potash.

March 4th.—During the last fortnight a fissure has formed on the left side of the tongue as deep as the first. A solution of bichloride of mercury, ten grains to an ounce of water, was to-day applied to the surface of the tongue by a spray-producer, and the ulcers are to be touched every morning with sulphate of copper.

March 11th.—Tongue is better. After the application on the 4th a burning sensation was experienced in it, lasting for four or five hours, and followed by numbness, which gradually went off, leaving no pain, and the patient says it has not been so easy for years. Tongue ordered to be well washed with a solution of bichloride of mercury, ten grains to one ounce of water.

18th.—Tongue much better. A solution of thirty grains of sulphate of zinc to an ounce of water to be dropped into the cracks of the tongue.

May 20th.—As the tongue was far from cured, it was resolved to bring the patient under the influence of mercury, and she was ordered four grains of blue-pill twice daily. This had produced the desired effect in a week, when the dose was reduced to three grains.

July 8th.—The left side of the tongue has healed, and the surface is nearly smooth now. The patient had not taken her pills for some time, but is now taking them again.

Last autumn the patient came again under Mr. Berkeley Hill's observation. She was not wholly cured of her malady. The tongue, though usually painless, was now and then slightly ulcerated; but the ulcers healed readily when she took a few mercurial pills and used an astringent wash. In this way she could control her disease from time to time.

This case is an interesting example of the obstinacy of the disease. The chief interest, however, is derived from the condition of the two living children. The eldest is seventeen, of stunted stature and feeble in body. When an infant she had a sore tongue, pimples inside her mouth, and some disease in the nose. The upper jaw is too small for the teeth, which are irregular both in position and size. The girl's intellect is very backward; she can read and sew, but takes interest in matters that would please a child of seven or eight. The other child is thirteen, and has been under Mr. Hill's care for necrosis of the nasal bones, and chronic ulcers of the skin of the face. The following are notes of the case:—

Nov. 2nd, 1864.—For the last three years she has suffered continuously from hard, dry, blackish-brown scabs on the lining membrane. No discharge from the interior nares, but a very disagreeable fetor of the breath. When three months old she had an eruption all over her of small round bodies of a darkish-red colour; they ulcerated and left very troublesome sores hard to the touch. At the same time she had sores on the throat and roof of the mouth. Her first set of teeth dropped out very rapidly. Her father, before his marriage with the mother, had some venereal complaint, but since that event has shown no manifestations of secondary syphilis. The upper part of the nose is much flattened. The skin around the alæ is rough, and covered on the right side with small yellowish-brown scabs. The upper lip is much swollen, especially on the right side, and near the angle of the mouth is a small patch of herpes. The child was nearly blind three years ago, when a white spot appeared on the cornea in front of the pupils. For this Mr. Wharton Jones prescribed mercurial ointment to be rubbed into the axillæ, and the specks went away. The child has an eminently so-called scrofulous aspect. She is short and small; the complexion colourless, earthy; her mouth puckered with radiating seams; the nostrils widely open, and the bridge of the nose sunken nearly to the level of the face. The upper incisor teeth are set very irregularly in the gum. There is a large space between them; each tooth presents on its cutting edge a deep semilunar notch, extending nearly across the whole breadth, and terminating somewhat abruptly at the angles in a slightly-rounded blunt point. The lower incisors are tolerably regular. The outer and posterior measurement of the teeth is large, excepting near the cutting edge, giving each tooth a rounded unnatural appearance. The summits of the crowns are not smooth, but marked with three little eminences, between which are small indentations resembling those on teeth but recently cut. All the molar teeth are of a dirty-brownish yellow colour, very irregularly formed, and decayed. The child was ordered a dessertspoonful of cod-liver oil, a teaspoonful of syrup of iodide of iron, and three grains of iodide of potash, twice daily; solution of permanganate of potash, three drachms, and a pint of water for a lotion, to be injected into the nose with a syringe, to prevent fetor.

Nov. 30th.—Discharge from the nose is less; swellings about the size of a hazel-nut, of a red tint, have appeared on the shins. Medicine changed to five grains of sulphate of magnesia, six grains of tartrate of potash, half an ounce of water, three times daily.

Dec. 7th.—The whole of the mucous membrane of the nose is, as far as can be seen, inflamed and covered with hard, thin, dry scabs. There is a small patch of herpes situated at the right angle of the mouth. Zinc ointment to be applied to the interior of the nose.

Jan. 4th, 1865.—Less discharge from the nose, but the mucous membrane is very red; the alæ are very thick.

25th.—A pustular eruption extends from the right ala nasi over the cheek, for about half an inch; hardly any discharge from the nose, and it has no offensive smell. Add to mixture one minim of solution of arsenic to each dose.

Feb. 1st.—The face has still some small ulcerated patches on and below the alæ nasi. The skin for some distance around these has a roughened appearance. There is hardly any discharge from the interior of the nose; the appetite is much better; the eyes are bloodshot, especially the right, and a phlyctenula is found at the outer margin of the cornea.

Feb. 8th.—The injection of the conjunctiva has disappeared with the exception of a few large vessels running from the outer canthus of the right eye to the phlyctenula; the ulcerations on the face have nearly gone. The injection brings away but a very little hard matter from the nose.

15th.—In the last few days the offensive odour has returned; the discharge has not increased. There is swelling over the right nasal bone. The nasal mucous membrane is nearly clean; a few small scabs are to be seen on it. The phlyctenula is nearly gone, as are also the vessels running to it. The child is much brighter, and more lively; her flesh gets firmer. The lotion has lately, when injected into one nostril, come down the other.

March 1st.—The child looks much better; the face is quite clear of all eruptions. Add to the mixture two grains of tartarised iron.

April 26th.—Appearance very much improved; no discharge from the nose; the breath is a little offensive.

May 13th.—The nose has been examined by Dr. Mackenzie, who found the mucous membrane at the posterior nares and covering the spongy bones studded with ulcers. A pulverised fluid, consisting of six grains of tannin to an ounce of water, was applied daily; and after an interval of a week, when the nose was again inspected, the ulcers were found to be much reduced in size. The child goes every morning to sniff up the pulverised fluid.

27th.—Child much better. Repeat the mixture. Ordered to sniff up the tannin only five times a week.

July.—Ulceration of the nose cured.

This patient was also seen two years later with her mother. She was then enjoying fair health and strength, and had grown much.

ST. MARY'S HOSPITAL.

A CASE OF PERITONITIS; RECOVERY.

(Under the care of Dr. SIEVEKING.)

THE following case is of interest, as being one of peritonitis occurring in a tubercular subject, and yet being probably of non-tubercular origin. For notes of the history, and of Dr. Sieveking's remarks upon the case, we are indebted to Mr. G. P. Field, house-surgeon.

Sarah M——, aged twenty-two, the wife of a painter, was admitted on December 4th, 1867. On admission she complained of great pain and tenderness over the abdomen. Her skin was hot and dry, and there was marked dulness below the left clavicle, with very defective respiration, and troublesome cough. Pulse 120; cheeks flushed. She remained with her knees bent and legs drawn up, for the slightest movement seemed to cause her great pain. Six leeches, to be followed by a linseed poultice, were applied to her abdomen, which gave her great relief, and an opium pill of two grains was given to her.

Dec. 5th.—She states that she has been married two years, and has had one child (seven months'), born dead, in October,

1866. Has never been quite well since. Four months ago she again became pregnant. She says that last week, while at tea, she fainted, after which she felt severe pain in her abdomen, and has had vomiting, more or less, ever since. For the last ten days she has had a sanguineous discharge from the vagina, and some diarrhœa at first for a few days. Has had a slight cough for some time, and lately has had shivering. Her abdomen is very tender, but not so much so as last night. Tongue dry; pulse 120, and wiry; respirations 36 per minute, and thoracic in character, the abdomen remaining almost motionless. No albumen in the urine, which is of normal colour; sp. gr. 1016. She has no appetite, and is very sick.

6th.—Cannot sleep on account of her cough. Ordered one ounce of mixture of squills, three times a day. Complains of great pain in left iliac region, where the leeches are to be repeated.

7th.—Pain rather easier, but she is sick after everything, and cannot take milk.

13th.—Is better, but still sick, and pain continues, more especially in the left side. The mercurial ointment to be applied to the abdomen.

14th.—Pain much less. She says the ointment has done her much good. Ordered four grains of iodide of potash, eight grains of bicarbonate of potash, one drachm of syrup of orange, and one ounce of decoction of bark, daily.

18th.—Dulness at left apex, as before. Intense abdominal pains and heat of skin. Leeches repeated. Vomits green bilious mucus. Pulse 130; face flushed.

23rd.—Rather better. Is taking ten grains of Dover's powder every night, which quiets her, and gives great relief.

26th.—Since yesterday she has complained of great pain in left leg, which is much swollen and tender, especially in the bend of the knee. There is no redness, no induration of vessels, or visible inflammation of lymphatics. It feels hotter than the other leg, but the patient complains of its being chilly. The swelling is uniform, and there is slight pitting. The right knee is one inch and a half less in circumference than the left. More abdominal pains, with continued swelling and induration in left iliac fossa. Pain in left hand, when the arm is extended. Cough continues. Pulse 120, weak. Hot fomentations to left leg and thigh.

27th.—The hot fomentations have given her great ease.

28th.—Not so well; complains of pain in stomach and chest. Leg more swollen, and very tender. Pulse 134, and feeble. She has had cold shivering. Cough very troublesome; right leg also affected. She is evidently in a dangerous state. Her legs are ordered to be surrounded with linseed poultices.

29th.—The moist warmth afforded by the poultices has had a very beneficial effect. There is an evident decrease in size, and much less pain.

Jan. 1st, 1868.—Improving. Pulse 132. Left leg not so much swollen. Her appetite is good, and she sleeps well. Is taking the syrup of the iodide of iron and tincture of calumba, half a drachm of each three times a day.

8th.—Much better; is in no pain. Pulse 112. Is taking two ounces of brandy. Stood on her legs for the first time this morning.

15th.—Very much better; sits up now every day. The right leg is quite well, and the left nearly so.

20th.—Is still better; pulse 96; no pain. The swelling is gone from both legs, and from the left iliac region. Is taking cod-liver oil.

From this time she improved rapidly, and went out on the 3rd of February quite well.

Dr. Sieveking has made the following remarks on the case:—

This case was one presenting several points of considerable interest. There could be no doubt, from the day the patient first came under observation, that she was labouring under a severe attack of acute peritonitis; but the prognosis was one of peculiar doubt, on account of the manifest presence of tubercular deposit, in at least one lung. This naturally led to the opinion that the case really was one of acute tubercle or tubercular peritonitis; and as the patient appeared ill-fed, and did not offer the characteristics of a person likely to resist the inroads of serious disease, the probability seemed to be that she would succumb. The issue, however, showed that the peritonitis had no immediate connexion with the lung symptoms. The latter did not develop into active disease; and although some cough was persistent throughout, no evidence of destruction of lung-tissue at any time showed itself, and the tubercular deposit remained quiescent. The peritonitis was of a more acute and severe character than is usually met with as a tubercular complication; and the considerable exudation of plastic lymph which took place in its course gave a further colour to the view of its being of a different origin, and running its course independently of the pulmonary affection. The marked effect of the leeches, and subsequently of the mercurial inunction, in subduing the inflammation and its products, also appears to countenance this view. We are thrown back upon the ovaries to account for the cause of the disease; and it seems probable that an irritation proceeding from these was the immediate cause of the peritonitis. It sometimes happens that an ovum, instead of passing at a menstrual period along the Fallopian tubes, drops into the peritoneal cavity, and there excites a more or less severe attack of inflammation. That may have been the case here. But whether this be the correct explanation or not, the review of the history, with a knowledge of the course of the disease, leads to the belief that we must look to the ovaries as a cause of the peritonitis.

An important complication took place as the patient was recovering from the peritonitis, and appeared to jeopardise her life, after the urgent inflammatory symptoms had abated. It will be observed that there was much residuary swelling in the left iliac fossa. Suddenly one day the entire left leg became swollen and painful; there was intense pain and tenderness in the bend of the knee; the whole limb was much enlarged, the cellular tissue œdematous, but not like the œdema of anasarca, the skin being of a dead white, and tense. No pulsation could be felt in the groin. There were no symptoms of lymphangivitis; and it was clearly not a case of local inflammation of any kind. The only explanation to be offered was that the state of the limb was due to interference with the circulation in the limb by the products of inflammation within the pelvis. The arrest could not be due to embolus, or the detachment of a clot of fibrin from the heart: partly because there was no endocarditis, recent or ancient; and, moreover, embolus does not block up the main artery of a limb. Arteritis could scarcely take place so suddenly, and would not induce swelling of the entire extremity at once, so as to prevent the artery itself from being traced; and the course of ordinary phlebitis is also of a slower and more consecutive character in all its symptoms. It seems reasonable, therefore, to conclude that the exudation within the pelvis (which even to external examination was palpably large) was of such magnitude as to involve and enclose and compress the vessels of the extremity. Fortunately, the favourable termination of the case rendered it impossible to verify the circumstances to which the œdema was attributable. The constant application of hot fomentations in various forms, coupled with internal remedies calculated to promote absorption and to support the strength of the patient, established a perfect recovery, so far as the primary peritonitis and its secondary results were concerned; and, as the tubercular disease was not lit up into a conflagration, the patient may now be considered in as good a condition as before her illness, provided her domestic arrangements are such as to enable her to enjoy the necessary rest, food, and comfort.

LONDON HOSPITAL.

APHASIA WITH HEMIPLEGIA OF THE LEFT SIDE.

(Under the care of Dr. HUGHLINGS JACKSON.)

ALTHOUGH cases of aphasia, or, as Dr. Hughlings Jackson would say, "defect of intellectual expression," with *left* hemiplegia have been recorded—Dr. Jackson has related three cases in the London Hospital Reports, vol. i., 1864—they are certainly rare. There is now, however, in the London Hospital a man who is paralysed on the left side (he has never been paralysed on the right) who can usually only say "yes" and "no," and the phrase, "Come on to me," or part of this phrase. He, however, sometimes gets out other ejaculatory sentences. He cannot now write, and cannot point out letters. His general health seems to be excellent. We make a note of this case as it has been supposed by some that exceptional cases are not put on record. In the same ward in which the patient lies are two cases according to rule.

THE "Wandering Thespians" are about to give a performance at St. George's Theatre, Langham-place, on Friday next, in aid of the funds of University College Hospital, on which occasion Lord Lytton's comedy of "Money," and an original comedietta, from the pen, we believe, of a member of the medical profession, will be performed.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MONDAY, MARCH 2ND, 1868.

ANNUAL MEETING.

THE PRESIDENT, on taking the chair, declared the ballot open for the election of officers for the year 1868–69. The Auditors' Report was then read. The Report of the President and Council was also read. It alluded to the continued prosperity of the Society, and stated that the total number of Fellows in Dec. 1867 was 642, comprising 350 resident, 268 non-resident, and 24 Honorary Fellows. After giving details of the number of new Fellows elected (29), and of the other changes by non-residency, resignation, &c., the Report alluded to the extraordinary losses amongst its Honorary Fellows which the Society had sustained, seven out of the fifteen deaths amongst the whole Society being from their ranks. The total ordinary income for the year was £1405 16*s.* 8*d.*; the total expenditure £1298 10*s.* 3*d.*; an excess on previous years principally caused by a very large expenditure on the volume of Transactions, which had exceeded by £300 the cost of that of the previous year. A purchase of stock had been made to the amount of £445 5*s.* 5*d.* The Report stated that the library had been increased by the addition of 408 works, exclusive of periodical publications. Reference was also made to the Report of the Committee on Hypodermic Injection, which had been published in the last volume of the Transactions, and to the valuable services rendered to therapeutical science by the distinguished Fellows who had formed the Committee. A new system of ventilation and lighting for the meeting-room had been adopted, by which it was believed its temperature had been much improved. In conclusion, the Report referred to the question of giving the privilege of attendance at the meetings, &c., to medical officers of the army and navy temporarily stationed in London, and the following "standing order" was proposed, with the consent of the Society, for adoption by the Council:—

"The Council may have the power of admitting, for a period not exceeding twelve months, medical officers of the army and navy temporarily resident on duty in London, to consult books and periodicals in the reading-room, and to attend the ordinary scientific meetings of the Society."

The adoption of the Report was moved by Dr. WEGG, and seconded by Sir WILLIAM FERGUSSON; but before the motion was put from the chair, the meeting was addressed by

Mr. SAVORY, who rose to move the adoption of the alterations and amendments of the bye-laws, of which notice had been given; but before the motion was seconded, MR. CHARLES HAWKINS rose and moved an amendment, which was seconded by DR. O'CONNOR, and declared by the President to be carried:—"That the consideration of the bye-laws be postponed to a special meeting appointed for that purpose," on the supposed ground that the charter required each alteration to be balloted for separately, and that there would not be sufficient time for such consideration of them.

At nine o'clock the scrutineers retired to examine the lists, and on their return the President announced the result of the ballot for officers and council for 1868–9 to be as follows:—President: Samuel Solly, F.R.S. Vice-presidents: Dr. Fuller, Dr. Meryon, Mr. Erichsen, Mr. Henry Lee. Treasurers: Dr. Pitman, Mr. C. H. Moore. Secretaries: Dr. W. Ogle, M.D., Mr. G. G. Gascoyen. Librarians: Dr. A. P. Stewart, Mr. C. Brooke, F.R.S. Other Members of Council: Dr. H. Monro, Dr. C. B. Radcliffe, Dr. H. H. Salter, Dr. W. T. Smith, Dr. W. Wood, Mr. J. Birkett, Mr. B. E. Brodhurst, Mr. J. C. Forster, Mr. J. G. Forbes, Mr. J. Wood.

In reference to the paragraph relating to the proposed admission to the reading room and scientific meetings of medical officers of the army and navy resident on duty in London, the President read a letter from Mr. Wyatt, expressing his best thanks, and stating that there were about six medical officers in each of the public services who would be able to avail themselves of the privilege.

Mr. CHRISTOPHER HEATH said, with regard to that part of the report which spoke of the volume of Transactions just issued, no one could doubt the importance of the volume, but he wished to say a few words with regard to the selection of the papers which formed that volume. During the last session there were thirty-nine papers read before the Society, and of that number twenty-three appeared in the Transactions. He would state at once that he was one of the unfortunates whose papers were not inserted. It was in the memory of some of the Fellows that in December, 1866, he read a paper before the Society on a case in which he applied a ligature to the carotid and subclavian arteries. Notice was taken of it in all the medical journals, the reporters of those journals having been present, and having written what they chose. The paper, instead of being published in the Transactions, was returned to him in due course; and on inquiry as to the cause of its rejection, he was informed that although it had been recommended for publication by one of the referees, the other referee said the facts were already in print. He was referred to a gentleman who was vice-president, and who was then in the chair, and some correspondence ensued on the subject. The point he wished now to bring before the Fellows was this, whether a surgeon in the public theatre of a hospital performing an operation was to be prevented from making use of that case subsequently, because one of the public journals happened to have a reporter present who saw the operation, heard what the surgeon said afterwards, and drew up a report? Was the surgeon who operated under those circumstances to be prevented from using that case because an account, necessarily imperfect, had been published? At the end of a year he had the honour of reading the case before the Society, and then he was told that it could not be inserted in the Transactions because it had already come before the public. He would direct the attention of the Society to the fact that the rule did not hold good, and it never had held good. Take the case of Mr. Liston. Mr. Liston read a paper on Diseases of the Upper Jaw, which consisted of remarks and condensed reports of several cases of operations upon the jaws, every one of which had been published before, yet that was considered to be no objection to printing the paper in the Transactions. One case had been actually published in THE LANCET with a drawing. The late Mr. Wakley was present, and he was so struck with the ability displayed by Mr. Liston that he commented in a leading article on the operation. Now, in this case, a drawing was inserted in THE LANCET, and that same drawing was afterwards reproduced in the Transactions of the Society. This was only one instance: there were many others in years gone by. But the rule did not hold good even now, because in the present volume there was a paper by Mr. Moore on Periodical Inflammation of the Knee, which was an amplification of a lecture that appeared in THE LANCET last year. Anybody could see that it was the same thing, only, of course, there were additional facts brought to bear on the case. Then there was a paper on Cases in the Lock Hospital, twenty-one of which had already formed the basis of a paper by Mr. Lane read before the Medical Society of London in December, 1865, and published in all the journals. He (Mr. Heath) did not complain of the insertion of that paper—he had been present at the reading of it, and heard the discussion which followed—but he could not help alluding to the fact that it had been the subject of discussion at another Society, and had been reported in the public prints. Then there was the case of a paper by Mr. Spencer Wells, and it was said that was a statistical paper. Fourteen of those cases had been actually published in Mr. Wells's own book *in extenso*. He (Mr. Heath) did not in the least complain of these papers appearing—he thought it would be hard if they did not appear—but he wished to ask whether the members of the Council acted quite fairly in putting in papers of their own which had appeared elsewhere, and excluding others which were unfortunately in the same condition. But he would go farther than this. With regard to hospital cases, a great alteration in the system of conducting them had taken place. The hospitals were now thrown open, and every one was glad of it. This was an attempt to close the hospitals again, because when he said to Mr. Moore, "Well, what is to prevent anybody going to your theatre, and reporting your cases," he said, "He would take means to prevent their being reported." If that system were to be adopted, we should be going back to the old state of things. Each surgeon must either treat his cases, and shut them up from the public gaze, or he must allow them to be taken away from him in this way, and be thereby precluded from having them published in the Transactions of the Society. He did not propose to move any amendment to the report: he merely wished to take this opportunity of making his statement with the view of calling the attention of the Society to the matter.

Mr. MOORE said he did not propose to follow Mr. Heath through the account he had given of his conversation with himself relating to the publication of cases; but he thought it necessary to say that the form of expression which had

dropped from Mr. Heath, to the effect that the members of the Council published their own papers in preference to those of other Fellows, was hardly warranted. If Mr. Heath could have brought forward any resolution which would have guided the Council in future, the matter might have been brought to a practical issue, which would have been better for all parties.

The PRESIDENT was quite sure that the meeting would feel that Mr. Heath had been actuated with but one desire on this occasion—viz., to raise the character of the Society to the highest degree. Whether the Council would agree with him in his view of the matter or not, he could not pretend to say; but he could say most unreservedly that the Council would take to heart and consider seriously and candidly all the observations made, and if they could improve in any way the mode in which they came to their decision as to the publication of those papers which were read, they would only be too glad to do it. For his own part, as president of the Society, he could say most honestly that there was a difficulty in the present day which did not exist in former times with regard to the publication of cases independent of the author's communication of them to the periodicals. He might also say that he thought, what they ought all to desire more especially was, that the Transactions should contain the most perfect record of the advance of medicine and surgery in this kingdom. If Mr. Heath's observations on this occasion should have any effect in forwarding that object, he (the President), for his own part and for the Council generally, could only say he should rejoice at it.

Mr. CHARLES HAWKINS expressed his opinion that the objections of Mr. Heath to the course pursued by the Council had been in no way answered. Mr. Heath's paper appeared to have been excluded upon a principle which had not been followed out with regard to other papers. The volume of Transactions had now got to that magnitude that it was something approaching to the size of the "London Post-office Directory;" and it came to be a serious question whether anything which was not really read before the Society should be published. He did not mean to say that any paper published in the last volume was not worthy of publication, but the question was whether the Transactions of the Society should be used for publishing papers of forty, fifty, and sixty pages in extent, at a large expenditure on the part of the Society. He did not think it was ever intended that that should be done; and no such papers were ever printed in the early volumes. Now what he alluded to were not, strictly speaking, transactions of the Society. The papers might be very valuable to the public and the profession; but he thought they ought not to be published in the Society's volume. With regard to the size of that volume, he would take the liberty of suggesting that when the papers did get to a sufficient extent it would be better to divide them into two volumes in the year, which would be more portable than one bulky one. There was a matter not alluded to in the report upon which he should like to ask a question. He believed the Society had added to their list of tenants another Society, which he regarded as very important, and very much called for, though he did not belong to it. He should like to know what arrangement had been made. He was sure this Society would be ready at all times to give to any young Society a starting-point, and they would not for a moment consider the question in a financial point of view; but it had been the custom, when societies had been taken in this way, for the Council to report the fact, and acquaint the Fellows with the proceedings.

Sir HENRY THOMPSON said it happened to be his lot to present a paper before this Society, on a case of calculus in which the nucleus was a portion of bone exfoliated from the pelvis, described very briefly. He claimed for the case that it was unique, and he had in very few words explained what it was. It was refused admission to the Transactions, and he heard that the reason given was that it was too short. (Laughter.) Now, if the object of the Society was the production of such a volume as that described by Mr. Hawkins, which should emulate in any way the London Post-office Directory, he could understand that course. The volume contained 640 pages; and his short and unpretending paper certainly would not have taken three. If he had had the time which he had some years ago he could easily have extended the matter of his paper, though probably he could not have put one more important fact in it. With the fruitfulness of brain in the present day, it was to many a matter of the greatest delight to get hold of a paper in which the facts came within very short compass. He had just such another case—quite of a different nature of course, but as unique—in his selection at the present moment, but he had no time to make a long paper; and if it was necessary that a small paper should be swelled out into a large volume, he certainly must decline to attempt it.

The PRESIDENT, in reply to Mr. Hawkins, stated that the permission to the Clinical Society to hold its meetings at this institution was only for the present, and the subject would be considered by the Council immediately after the next meeting, with the view of determining how long the permission should continue. With regard to the observations made by Sir Henry Thompson, they were to some extent met in the address which he proposed to deliver in the course of the evening.

Mr. TIMOTHY HOLMES thought it would be a useful guide to the Council and referees if some rule of this kind should be introduced, that no matter should be published in the Society's "Transactions" which really had not been presented before the Society. He had many times seen a large mass of paper lying on the Secretary's desk, of which at least three-fourths were not read to the Society, consisting of notes of cases, tables, and matters of that kind, which really the Society could not listen to. The Transactions were now swollen by a vast number of notes which were never read, and which might very safely be withdrawn from the yearly volume if only the authors were required to substitute a summary or general statement in place of them.

The PRESIDENT said he was sure the observations of Mr. Holmes would receive the attention of the Council.

Dr. A. P. STEWART said it was very important to know the name of the person alluded to by Sir H. Thompson. The rejection of a paper because it was too short had never come before the Council.

Sir HENRY THOMPSON said he should state no name, but simply the fact.

Dr. A. P. STEWART thought the name ought to be mentioned. (Question.)

The PRESIDENT said he had never heard of such a reason being given as that mentioned by Sir Henry Thompson.

PRESIDENT'S ADDRESS.

The PRESIDENT then proceeded to read his address. He said:—Gentlemen, sixty-three years ago this Society was founded by a few choice spirits, amongst whom I may name Dr. Saunders, John Abernethy, Drs. Babington and Bailey, Astley Cooper, Drs. Marcet and Yellowley, and several others of high repute. The first volume of their Transactions was not published until ten years afterwards, i.e. 1815. In the preface to this volume I find these remarks:—"The want of a Society, founded on liberal and independent principles, and conducted with the propriety and dignity which are worthy of the medical profession, had been acknowledged, and a few physicians and surgeons in the year 1805 held a meeting for the purpose of considering the best means by which it might be obviated." They invited the communications of papers, and soon felt one of those difficulties which have existed ever since. "The papers (says the preface) which come before the Society have necessarily various degrees of value, and, considering their merits with a view to publication, it is wished equally to avoid the extremes of fastidiousness and want of discrimination." Let us now consider briefly whether the Society has done all that it might do to promote the science of medicine and surgery, and whether it takes the high rank which it ought to do as the first Society in England for the development of a more perfect system of medical pathology and medical therapeutics. It has been said lately "That that high quality of scientific work on which the progressive development of practical medicine and surgery depends, is not pursued in our schools nearly to the extent we should desire; that, indeed, as compared with what is done even in the minor schools of Germany, our annual harvest of scientific result is often so small as to be almost humiliating."

These expressions are, I believe, intended to apply to the shortcomings of the schools of the metropolis, in the usual sense of the word, and the examining bodies, in so far as they gauge the amount of instruction thereby distributed. If, however, these remarks be really true, might we not ask ourselves whether they can apply to the defects of this Society, as a part of the great machinery of England engaged in the production of scientific results for the advancement of medicine.

It is not a part of my duty to-night to repel or refute the attacks made upon the College of Surgeons by the talented writer I have just quoted, nor do I mean to imply that I consider all that he said in abuse of that noble institution was entirely without foundation; but I do assert most fearlessly that, with all its faults and shortcomings, the medical profession

in England, as a body of men examined and sent forth to practise by the College of Surgeons, is far more practical, far more judicious in its application of medicine, surgical appliances, and surgical operations, than any body of practitioners pursuing the same calling throughout the length and breadth of the west continent. I say not this from a fool's paradise, imagining that the College of Surgeons, or any of our medical institutions, have attained, or ever will attain, perfection; but we are, and ought to be always, aiming at it.

The great body of general practitioners,—men who have to work day and night, as the great mass of surgical practitioners must do, to enable them to support their families, and administer to the wants of the poor,—have not time during their short studentship to study pure science. If they were required to show a knowledge of it when under examination for their diplomas, they would do so to the prejudice of their more practical studies. The surgeons of hospitals would lose sight of them in the wards, and the demonstrators would miss them in the dissecting-room. The application of scientific research to the advancement of surgical practice is a noble vocation, and one which will always have its votaries in this country. The College of Surgeons instituted the Fellowship with the view of gradually exalting the scientific attainments of those surgeons whose incomes from private sources would enable them to continue their studies for a much longer period, and whose aim was both to study and teach surgery. This institution is beginning to reap its fruit, and each year will add to the harvest. It is to these men that this Society looks, and looks successfully, for aid in its objects. The Fellows by examination almost invariably join us, and will, I am sure, continue to do so. The same applies to the graduates of the London University, whose scientific examinations are admirably adapted to those who can afford to wait, study, and teach.

The Medical and Chirurgical Society—would that I might call it the Royal Society of Medicine and Surgery—is, like its great progenitor, the Royal Society of science, an educational institution; or it is a myth, a vanity, and a delusion. It is, and I hope it always will be, an evening school for adults: for what medical man can lay the flattering unction to his soul that his education is completed? For my own part, I can say most honestly that I have seldom attended these meetings without either learning something new, or having a train of thought excited which by encouragement has led to some fresh investigation or useful research. This Society has done much to accomplish the object for which it was founded; but may it not, in accordance with the requirements of the present age, do each year a little more to foster industry and research among all the members of the profession? No man can enter this room and look round at the busts of the departed which adorn its walls, without acknowledging that this Society has been supported by the giants of old. Among the physicians, have we not the genial kindly countenance of Richard Bright, the fine classic head of Chambers, and the severe face of that active worker in the industrious school of Guy's Hospital, Thomas Addison? while the noble heads of Cline, Abernethy, Cooper, Travers, and Brodie, attest the support given by the accomplished surgeons of the nineteenth century. These men have been duly honoured and thoroughly appreciated.

The deficiencies of this association do not arise from any want of respect to the older members of the profession, but has there not been some want of consideration for the younger Fellows—the working bees of the hive? I am afraid that many an ardent devotee of science has been discouraged by the rejection of perhaps his first paper from the Transactions of the Medico-Chirurgical Society. I do not mean, for one moment, to imply that such rejection has been the work of malice, prejudice, or favouritism; but mistakes have been too often committed. I fear that a false economy has sometimes been the moving agent; but, whatever the cause, those who have been disappointed—and I can *sympathise* with them—must endeavour to bear in mind that our Transactions would soon lose their scientific value if the pruning-knife were not occasionally used with a relentless hand. I think too little value has been put upon single cases, which, when related, are important facts. To me, the great value of the Transactions depends more upon the facts which they contain than upon the theories. The facts, if truthfully recorded, must last; but the theories may not outlive the session which gave them birth. I am so much of this opinion as to hope that each succeeding year the Transactions will be more and more—*loaded*, I was going to say, but I will rather say *supported* by facts, so that no author for the future would ever think of writing on medicine or surgery without referring to our Transactions as the great storehouse of medical and surgical facts. I hope that the time has passed when the Council will be contented with publishing one volume, even though it may attain the goodly proportions of the present one. I should like to see one volume issued on this our anniversary, and another at the commencement of the medical session in October. I would far sooner publish occasionally an imperfect paper than reject a good one.

After some remarks on the present prosperous state of the Society, Mr. Solly gave biographical sketches of thirteen Fellows deceased: Dr. Woodfall, Dr. Skeane, Sir Wm. Lawrence, Faraday, Velpeau, Dr. Bazire, Sir D. Brewster, John Propert, T. P. Teale, H. H. Raymond, Edward Howell, Rayer, Daubeny, and Dr. J. Jackson; and concluded an eloquent address amid the applause of the meeting.

Reviews and Notices of Books.

A System of Medicine. Edited by J. RUSSELL REYNOLDS, M.D., F.R.C.P. Lond., Professor of the Principles and Practice of Medicine in University College Hospital, &c. Vol. II., containing Local Diseases. 8vo, pp. 990. London: Macmillan & Co. 1868.

(FIRST NOTICE.)

THIS, the second volume of Dr. Russell Reynolds's "System of Medicine," is devoted to Diseases of the Nervous and Digestive Systems. The diseases of the last-named system are treated of by Dr. Wilson Fox, and form a very complete monograph of 179 pages. The rest of the volume is occupied by diseases of the nervous system, general nervous diseases and those of uncertain seat being first discussed; and, subsequently, partial diseases of the nervous system, arranged under the different categories of diseases of the head, diseases of the spinal column, and diseases of the nerves. The list of authors of the various monographs is the best guarantee of their value. Under the head of General Nervous Diseases are included, insanity (Dr. Henry Maudsley), alcoholism (Dr. F. E. Anstie), ecstasy, catalepsy, somnambulism, and allied states (Dr. T. King Chambers), chorea and locomotor ataxy (Dr. Radcliffe), vertigo (Dr. Ramskill), sun-stroke (Dr. W. C. Maclean), wasting palsy (Dr. Wm. Roberts), paralysis agitans and metallic tremor (Dr. W. Rutherford Sanders), convulsions (Dr. J. Hughlings Jackson), epilepsy, writer's cramp, hysteria, and muscular anæsthesia (the Editor), hypochondriasis (Dr. Gull and Dr. F. E. Anstie).

Under the head of Partial Diseases of the Nervous System are found (in respect of the Head) simple meningitis, chronic hydrocephalus, meningeal hæmorrhage, adventitious products in, and congenital malformations of, the meninges, and hæmatoma (Dr. Ramskill); congestion of the brain, cerebritis, softening of the brain and adventitious products in the brain (the Editor, and Dr. H. Charlton Bastian); apoplexy and cerebral hæmorrhage (Dr. J. Hughlings Jackson); and abscess of the brain (Dr. Gull and Dr. Henry G. Sutton). Diseases of the Spinal Cord (Dr. Radcliffe) are dealt with in an elaborate monograph, including meningitis, myelitis, congestion, tetanus, spinal irritation, general spinal paralysis, hysterical paraplegia, reflex paraplegia, infantile paralysis, spinal hæmorrhage, non-inflammatory spinal softening, &c. Following this section of the work is an extended article on epidemic cerebro-spinal meningitis (Mr. J. Netten Radcliffe), with an explanatory note by the editor to the effect that "at the time that the first volume of the 'System of Medicine' was arranged, the nosological position of the disease described was not sufficiently ascertained for it to be enumerated among the 'general diseases.' It is placed now with the affections of the nervous system, to which it bears the closest relationship." Under the head of Diseases of the Nerves are discussed neuritis and neuroma, local paralysis from nerve disease, local spasms, and local anæsthesia (Dr. J. Warburton Begbie); neuralgia (Dr. F. E. Anstie); and torticollis (the Editor).

The foregoing summary description will suffice to show the authors who have contributed to, the subjects treated of, and the mode of their arrangement in, this second volume of Dr. Reynolds's "System of Medicine." The manipulation of the different subjects will be considered subsequently. In the meanwhile, however, it may be stated generally that this volume fills up a great hiatus in English medical literature. It furnishes the practitioner for the first time with a sufficient and comprehensive account of diseases of the nervous system. English systematic treatises on medicine have long either lagged far in the rear of the knowledge actually acquired of this important class of maladies, or set forth that knowledge very insufficiently. In this respect our best text-books have contrasted most unfavourably with those of the United States and of the Continent. To Dr. Reynolds and his coadjutors is justly due the merit of having removed this great reproach.

History and Description of an Ambulance Waggon, constructed in accordance with plans furnished by the Writer. By THOMAS W. EVANS, M.D., Officer of the Legion of Honour, &c. Paris: E. Brière, Rue St. Honoré. 1868.

THIS is a very well-timed and clearly written production, by a gentleman who has given a larger amount of consideration to the subject, probably, than almost any other person.

Our own English ambulance is, we suppose, one of the worst in the world, and looks as if it might have been of antediluvian origin.

The waggon contrived by Dr. Evans appears to us to be extremely good, and to have carried out the principles necessary in a vehicle for transporting the sick and wounded. It is constructed on the American type, and is a light four-wheeled, two-horse ambulance. It will carry eight persons besides the driver, two of whom may be lying down and occupying the floor.

The pamphlet is illustrated with good plates and plans, and is well worth reading by all interested in the matter—and there is no more important one for an army surgeon.

IRISH PRISON DIETARIES.

A REPORT has just been issued by the Committee appointed by the Lord Lieutenant of Ireland to inquire into the dietaries of Irish prisons. It will be remembered that great scandal was caused, some time since, by remarks in the public press on the great defects of the Irish prison dietaries. The rule of feeding in the Irish gaols only included two meals a day, which were so arranged that there was a period of eighteen hours fasting between supper and breakfast. The dietary for prisoners whose terms of imprisonment did not exceed one month were:—For males: breakfast, eight ounces of meal in stirabout, and half a pint of new milk; dinner, fourteen ounces of bread, and three-fourths of a pint of gruel, or vegetable soup. Females: breakfast, seven ounces of meal in stirabout, and half a pint of new milk; dinner, twelve ounces of bread, and three-fourths of a pint of gruel, or vegetable soup. Proportional amounts were ordered for prisoners with longer sentences. No wonder there were complaints under this system. It is a disagreeable thing to have to say, but we must express our opinion, that the replies of the one or two surgeons who declare themselves satisfied with the scale of dietaries must have been made without sufficient knowledge or care. Every reply which is made with that evident caution which betokens conscientious and well-informed medical science will be found to contain complaints against the old system. That the monstrous practice of leaving people to starve for eighteen hours has produced no more evil is doubtless owing to the fact that hard labour has not been enforced to any large extent in the Irish prisons. But in a considerable number of instances we find records of some of the most serious consequences of chronic starvation, such as fainting, diarrhœa, and phthisis; and the impression left on our mind by the carefully guarded answers of the surgeons is, that the majority of these gentlemen are well aware that the food is utterly insufficient.

On the whole, the improvements proposed by the Commissioners interest us more than the obvious defects of a system which, we trust, will never be resumed. It was adopted at a time when, from the general state of starvation in the country, it was feared that anything like a generous prison-diet would tempt the poor to commit crimes. A more detestable or immoral doctrine than that of starvation of prisoners to keep other persons from committing crime cannot, in our opinion, be imagined; yet one sees that such a doctrine is not without its temptations to the muddy brains of country squires, so we will not call it deliberately cruel and wicked. We prefer to examine what is going to be done. Until the system of hard labour be introduced into Irish prisons, it is recommended that the following changes be introduced:—For prisoners sentenced for more than one week—the addition of a supper of—6 oz. of bread and half a pint of new milk for men; 5 oz. of bread and half a pint of new milk for women and children; substitution of gruel or vegetable soup at dinner, and the use of potatoes (3 lb. and 2¼ lb.) for the 14 oz. and 12 oz. of bread at dinner three days in the week.

We are very glad to see that the Committee abstain, on the whole, from those elaborate speculations about the nutritive value of particular classes of food which are so commonly carried to a ridiculous extent in official Blue-books on dietary matters. How often have we seen scientific men, totally ignoring the common dietetic experience of a neighbourhood, sit down calmly to compound tables of food according to "flesh-forming" and "heat-forming" principles. We are glad to see that common sense is beginning to gain the day in this matter; assisted, we suppose, by the disagreeable shocks which have been lately administered to the complacent vanity of physiological chemists. When one thinks what one has escaped by emancipation from the tyranny of the old cut-and-dried opinions on these matters, one hails any approach to independence which is shown by official persons. We confess, however, that we think that emancipation incomplete in the case of the Dietary Committee when we find them saying that the Irish labourer, in eating 7 lb. of potatoes at a meal (as he often does), is taking no more *nutritive matter* than the value of 14 oz. of bread and a pint of milk; and that he is only more *distended*, and thus satisfied, by the former meal.

TRADES UNIONISM IN MEDICAL PRACTICE.

To the Editor of THE LANCET.

SIR,—Your correspondent, "A Possible Black," complains, as a young physician, that he loses many a case of consultation because he is obliged to maintain the high standard of journey fees established by his seniors. I, in common with many young surgeons, have to complain, on the other hand, that we lose many a case of surgical consultation and operation because our seniors fail to maintain a sufficiently high standard of fees for surgical operations. A surgeon's consulting fee is a guinea, as much as a physician's; but when the question of remuneration for an operation is to be considered, I maintain that the leaders of the surgical world are bound to keep up their prices, and allow patients who are not prepared to pay first-rate fees to pass into the hands of their juniors. Nothing, we all acknowledge, is more difficult than to appraise an operation; if the surgeon asks too little the patient and his friends think he must be a man of no eminence; if too much the surgeon is said to be "grasping." The only way then is for each surgeon to have a sort of mental tariff for nobleman, commoner, and tradesman, and to state plainly, beforehand, what his fee will be.

Another practice which presses very hardly upon the juniors is that of the senior surgeons of hospitals admitting to their beds for operation patients of a class totally unfitted to be recipients of charity, on the ground that they are unable to pay the fees for private attendance by these gentlemen. This may be true; but they would willingly pay the more moderate fee of a younger man, to be attended at home. If both these points received a little more attention, a good deal of unpleasantness and heart-burning would be avoided, and a few more crumbs might possibly fall to the lot of

Yours obediently,

March, 1868. A JUNIOR SURGEON.

THE LANCET.

LONDON: SATURDAY, MARCH 7, 1868.

THE annual general meeting of the Royal Medical and Chirurgical Society, which was held on Monday last, did not pass off without some interruption to the usual formal course of its proceedings. When the adoption of the report of the President and Council was about to be put to the meeting, Mr. CHRISTOPHER HEATH rose, and complained that an act of some injustice to himself had been done by the Council, in omitting to publish in the last volume of "Transactions" a paper which he had read before the Society in December, 1866. It was upon the treatment of a case of innominate aneurism by simultaneous ligature of the carotid and subclavian arteries, and the subject had engaged the attention of the Society throughout an evening. Mr. HEATH had ascertained from a private source that his paper had been excluded from the volume, because, as was alleged, the case had already been published in a medical journal. As no attempt was made to deny it, we may take it that this was the reason why a paper which, as one of the Council acknowledged, "was eminently fitted for publication," does not appear in the Society's "Transactions." It was pointed out by Mr. HEATH that, had this cause for exclusion been generally acted upon, several other papers which appear in the volume should have been omitted, and he argued thence some want of fairness in dealing with his particular case. His remarks, most temperately urged, were listened to with attention, and there appeared to be a general feeling that a mistake had been committed; and this was practically acknowledged by the Council, who, through the President, promised to inquire into the whole subject.

There can be no doubt, we think, that Mr. HEATH has been somewhat hardly used, and that he displayed commendable moderation in not pushing the matter to a resolution, which would probably have expressed this feeling on the part of the Society. As the matter stands, the Council might, with good grace, repair an evident error by including the paper in their next volume.

This little incident possesses an interest and importance which extend far beyond the Society in which it occurred. Questions of great moment to the profession generally are suggested by its consideration. The opportunities for the publication of opinions or experience are now extremely numerous, owing to the constant increase in the number of journals, reports of hospitals, and transactions of societies. It is a laborious task for anyone engaged in a particular study to search through the many publications which may contain facts or cases of importance. It is extremely inconvenient, in a statistical point of view, that a case of disease should figure, perhaps modified sufficiently to disguise it, in a variety of publications. Errors of inference are in this way easily committed, and much confusion is created. It is still more inconvenient that, as occasionally will happen, advantage should be taken by an enterprising writer to advertise himself by the republication in several forms of that which might or might not be worth publishing at all. There is therefore necessity for the most watchful care against the perpetuation of these evils, and we are sure that Societies will be well supported in their efforts against them.

But in the present instance there could be no such question. Mr. HEATH's most interesting and unique case of operation had not previously been published by himself. A rather full account of it had appeared, it is true, in THE LANCET of Dec. 5th, 1865; but that account was written by our reporter from his own observation of the case, and after study of authorities on the subject. As is very well known, it is our habit to give the profession an account of cases of interest which occur in the various hospitals. The right of journals to give this publicity was acquired by the late Mr. WAKLEY after a very hard fight. The advantage which has accrued, not only to the sick, but in a still greater degree to the profession, and most of all to the staffs of hospitals, is perfectly well understood. These are not times in which anyone would dream of disputing the right of journals to publish that which takes place in public hospitals. This being so, it is evident that the member of an hospital staff whose case appears in the hospital reports of a journal must not be made responsible for that in which he may have had no share. It is manifestly unfair that publication under these circumstances should interfere with his right to bring the case before a Society, and to expect its publication in the "Transactions." As a general rule, indeed, our report of a case is necessarily brief, and, in the nature of things, incomplete—partly from want of space, and partly because it is often published ere the sequel is known. So far from this kind of notice interfering with the value or interest of the case for purposes of after-publication, it is constantly of service in drawing attention to the subject, and thus giving to both author and reader the advantage of publicity to an extent attainable in no other way. We are sure that a little consideration of the matter will convince the Councils of Medical Societies that they ought not to enforce, under the circumstances of an editorial description and comments appearing in a journal, a rule which is both valuable and necessary as applied to any previous publication of the same material by the author of the paper himself.

THE changing months remind us of the approach of July, with its annual contest at the College of Surgeons. This year there will be the unusual number of four vacancies, owing to Mr. PARTRIDGE's re-election having to stand over last year; but one of the vacancies being that caused by the death of Sir WM. LAWRENCE, only two members of Council besides Mr. PARTRIDGE will have to vacate their seats. The first on the list is the venerable JOSEPH HODGSON, who was originally elected in 1849, and was re-elected in 1860. Mr. HODGSON became a member of the College in 1811, and must be close upon, if not quite, eighty years of age. He surely will not be so ill-advised as to appear to cling to an office the duties of which his health precludes his performing, but will, we imagine, gracefully yield to the claims of younger men. Having been elected in 1850, one would naturally have supposed that Mr. MACKMURDO's turn would have come next for re-election; but here one of those beautiful provisions of the charter of the College, which was especially intended to protect the interests of veterans, comes into play, and because Mr. SOLLY and Mr.

Mackmurdo were re-elected, and Sir Wm. Fergusson elected for the first time in 1861, *therefore*, thanks to the charter, Sir Wm. Fergusson must go out first!

The section of the charter to which we refer (1843, sec. 13), is as follows:—"The elective members of the Council who shall from time to time go out of office in the manner hereinbefore mentioned and directed, shall be those who have been *longest* on the Council without re-election; and in the case of Fellows elected upon the Council in the same year, those shall first go out of office whose names stand *lowest* (among those elected of the same year) on the book or register of the Fellows of the College." Thus, although Sir Wm. Fergusson beat Mr. Mackmurdo in the poll in 1861, he must precede that gentleman in his election, although the one has held office for but seven, and the other for eighteen years! Sir William Fergusson, however, has no cause to fear an election, since his name has been connected on many occasions with those attempts to carry out the charter in its integrity which have already been crowned with a certain amount of success, and which cannot fail eventually to work most decided changes in the constitution of the Council, and its relations to the Court of Examiners. Sir William also has another claim upon the suffrages of the electors in the fact that though thought worthy of honour of the highest kind by his Sovereign, he has not yet been allowed to fill the honourable post of President of the College, and is still in the natural course of events four below the Chair.

Mr. Partridge is also, we believe, anxious for re-election; but we confess we cannot see upon what grounds, save personal popularity, his claim can be supported. He has filled the post of President, and with considerable success, and as an Examiner he has exerted himself to improve the anatomical portion of the examination by the introduction of dissected preparations of great merit, and the surgical portion by testing the candidates in the application of bandages and apparatus. These are, however, the functions of an examiner rather than a councillor, and can be equally well performed without a seat at the Council board. We ought in justice to Mr. Partridge to mention that when going out of office as President, he at the Fellows' dinner expressed an opinion that some more intimate communication between the Fellows and the Council of the College should be introduced, and that the Fellows should be enabled to meet the Council from time to time, and thus personally represent to them their views. But as neither during his year of office, nor since that time, has Mr. Partridge made any attempt to follow up these sentiments by a practical proposition, we fear we must take them as post-prandial orations generally are received—*cum grano salis*.

It would be premature to attempt to name those gentlemen who are likely to seek the suffrages of the electors, but we know that Mr. Holden, who was so nearly successful last year, will present himself again, and we hope with better success. We have heard it suggested that Mr. Simon, the President of the Medical Teachers' Association, ought to allow himself to be put in nomination; and as his name in the Fellows' list comes immediately after that of Mr. Birkett, who was elected last year, the period would appear an appropriate one.

The publication of the Army Estimates for 1868-69, in which we observe for the first time the regimental medical officers included in vote 7—hospital establishment, services, and supplies,—affords us an opportunity for directing attention to a subject which appears to us of great importance. The country has to pay for army purposes fifteen millions, exclusive of the cost of the Abyssinian campaign. In so large a sum the hospital charges of course appear insignificant; they amount, however, to £380,800.

Since the Crimean war the whole character of modern warfare, as everyone knows, has undergone a marvellous change. The object of a commander now is to bring an overwhelming force into the field, and so to centralise and unify the system under which it acts, that the blow dealt shall fall with all the crushing effect that a concentrated force can give it. It is not only that armies are numerically stronger, but everything is sacrificed to the quickness of their evolutions, the effectiveness of their weapons and the rapidity of their fire.

We have again and again directed attention to the exigencies of modern warfare, and their altered relation to our army medical service. We have a small and very good, but an enormously expensive, standing army. We have a large British force in India, and one or more regiments in every colony. There is a lurking distrust of large standing armies which has not quite passed away, and John Bull, as the late Lord Herbert remarked, likes to maintain a finger or two on the hilt of the sword by keeping the pay of the army dependent upon himself,—and he finds it a very expensive luxury. As we never can expect to cope with foreign nations in the number and extent of our standing army, we have supplemented it by two others—viz., a militia and a volunteer force. It must be perfectly clear, we should say, that unless our system be good, unless it be so supple and elastic as to be applicable to all three in a time of emergency or actual war, the whole thing must be threatened very much with what many people conceive our Abyssinian forces are at present threatened—namely, a tendency to break down from its own length and weight. The system must be so constructed in time of peace that a command shall run through its whole length and extend through its various ramifications in a way to compel prompt response and ensure unity of action, or we shall have, in the place of warfare with the enemy, a clash of departments, and the nation will witness an inter-departmental strife which will invite defeat.

There is a tendency observable at the present time amongst all foreign nations to remodel their medical departments. Civilised nations are everywhere unifying their medical services. America has already done so, and Prussia is rapidly making the change; and there are many of our ablest administrators who foresee the time when England must follow the lead, and reorganise hers, making it a *unified* body, constructed on the model of the Royal Engineer corps. Medical officers who have had the most practical experience of what is required by actual warfare consider, we believe, unification essential to the efficiency of the department, to the well-being of the soldier, and to the independent working and success of our arms, composed as they are of the various elements of which we have already spoken.

The difficulties with which we are at once met are these. The regimental system has always worked well; it was peculiarly adapted to the system on which our army has been constructed, and to the varied services on which it has been engaged; and it is popular. Commanding officers point to the

past history of the British army, and with justice. They contend that the regimental system has always succeeded in satisfying the wants of the service. Again, in England there is a difficulty which does not exist in those nations between which and ourselves the comparison is drawn—the multiplicity of British colonies. We put forth these remarks tentatively, be it understood. By all means let the question be fairly and fully argued out. What we want to determine is, not that which is best for the comfort of the individual, be he combatant or medical officer, but what is best for the service, the soldier, the taxpayer—the nation, in short. We would, of course, respect existing interests; but we ought not to allow our eyes to be blinded by the dust of what may be an effete administration, because it happened to have suited the requirements of a past age. Those who are indisposed to change at the present time would scarcely care to return to the older customs in force about the period of Agincourt, when the serjeant-surgeon received "the napkins of fine linen used in dressing the king's wounds" as an endowment; and, as a proof of very "distinguished consideration," in the event of the death of his royal patient was honoured by "being beheaded and buried with the royal corpse." Commanding officers will no doubt contend that if medical officers be separated in any way from regimental control, and made responsible for the direction of their own department and directly answerable to the head of it, they will soon seize upon the command of a regiment, and the army would cease to be an army. If the measure we are discussing really had this objection stamped upon it, then indeed the consequences would be disastrous; but the answer is fortunately ready at hand. The objection, if good, ought equally to apply to the Engineer and Commissariat Departments. The medical is a scientific branch of the service, equally with that of the Royal Artillery or the Royal Engineers. Then, again, there is the opposition which would be sure to come from medical officers themselves. There are men who have a life-interest in cavalry regiments. There are others who secretly love gold lace, spurs, and glitter; and who believe in the difference between "light" and "heavies," blue coats and green, kilted and breeched regiments. But we have set the ball going, and shall proceed hereafter to see whither its course may tend, and whether, as we are disposed to think, there are not many advantages attending a unification of system. To some of these we shall hope to allude more particularly—namely, those which refer to the State, and those which relate to the department itself; and to these we shall devote a future article.

Medical Annotations.

"*Nec quid nimis.*"

LUNACY PROSECUTIONS.

IT has been sometimes imagined that prosecutions instituted by the Commissioners in Lunacy, such as that against a well-known surgeon at Nottingham, tried this week before Mr. Justice Keating, are unnecessarily severe upon those individuals who have violated the Lunacy Law, perhaps, as in this particular instance, without any intention to do wrong. We cannot coincide with this view of these prosecutions. Much as we regret that an esteemed member of our profession should be subjected to the indignity and pain of a public trial, we cannot forget how helpless the class is which the Lunacy Laws are designed to protect. We have reason to know that the salutary provision of the law, which enacts that no person shall receive into his house for profit even one patient of unsound mind, except under medical certificates, has been and is, in many instances, neglected or despised. It is for the public interest that the Commissioners should be assisted in their endeavour to prevent these violations of the Lunacy Law; and the medical profession, to whom it has given great and exceptional powers, are specially called upon to faithfully carry out its enactments.

The case of Mr. Shaw, stated to be a surgeon, but whose name does not appear in the Medical Directory, illustrates in a remarkable degree the necessity for continued and watchful care on the part of the Commissioners, and the probable results to unhappy patients who, without their legal protection, are confined in unlicensed houses. We need not go through details that must be familiar to all our readers. Mr. Shaw was found guilty of wilfully infringing the Lunacy Laws in receiving a Mrs. Weston without the certificates required by the statute; it was further elicited that this lady had been improperly treated, in being compelled or permitted to act in a menial capacity; and Mr. Shaw was most justly sentenced to a fine of £100 and an imprisonment of two months.

In a second indictment, Mr. Shaw was charged with the illegal reception and detention of Mr. Clode, whom he appears to have neglected in the most cruel manner. Mr. Shaw's grasping cupidity and heartless conduct were indignantly commented upon by the Lord Chief Justice, who sentenced him to a second fine of the same amount, and a further imprisonment of six months.

There was a point of law raised and reserved in this last case which requires some explanation. The question was argued, whether a person with diseased or enfeebled brain can be called a "lunatic" within the meaning of the statute. We have little doubt that this point will be decided against Mr. Shaw. A severe cross-examination of the medical witnesses for the prosecution, Dr. Risdon Bennett and Dr. Blandford, could not shake their opinion that Mr. Clode was of unsound mind, and being so, was a proper person for the protection of the Commissioners. We trust we shall hear no more of Mr. Shaw. We would, as we have already so frequently done, warn those members of the profession who may have the charge of imbecile or demented patients, that the plea that such are not "lunatic" will not avail; nor will it help them to plead that they were not aware of the requirements of the law. The statutory provisions are clear and decided, and it is the duty of everyone concerned in the care and treatment of persons of unsound mind to make himself acquainted with the enactments, and to scrupulously obey them.

UNIVERSITY OF LONDON.

THE new Calendar of the University of London contains but few alterations or modifications affecting the examinations for degrees, but the following are those interesting principally to the medical profession. At the Matriculation Examination, beginning in 1870, the passages for translation in French and German will be entirely taken from books not previously selected. At the Preliminary Scientific M.B. Examination there will for the future be separate examinations for honours in Botany and Zoology, and an exhibition in each subject. At the First M.B. the subjects for the practical examination in Organic Chemistry will be selected for the future from a given list. This is a manifest improvement, since the range of organic substances which might possibly be given for examination is so wide as to distract the student's attention without some limitation such as that now afforded. At the M.S. Examination the award of the gold medal is made dependent upon proficiency in Surgery only, and the correspond-

ing medal at the M.D. Examination upon Medicine only; this is but reasonable.

The number of those who obtain degrees at the University of London does not undergo any material increase from year to year; for, although many enter to the race by matriculating, is only a few, and those the best men, who pass successfully through the several and severe ordeals by which the coveted honour is to be gained.

PROFESSOR HUXLEY ON EDUCATION.

AFTER one has gone through a course of addresses and speeches on Education, on which it seems to be the fashion for everybody to speak just now, and essays on which are served up for our edification in the daily journals, an address like that of Prof. Huxley's is truly refreshing. It is gratifying to meet with a member of the profession who possesses such a vigorous masculine style and such directness of aim. The perusal of Professor Huxley's address on "A Liberal Education, and where to find it," has been to us an intellectual treat; and as we do not wish to keep all the good things we find to ourselves, we may tell our readers that it is published in the current number of *Macmillan's Magazine*. It is from a somewhat materialistic point of view, no doubt, like all the writer's productions. The Professor's illustration of the game of chess, which, he says, every human being plays for himself, with the world for the chessboard, the pieces being the phenomena of the universe, the rules of the game being what we call the laws of nature, with a hidden player on the other side, whose play is always fair, just, and patient, who pays the highest stakes to the man who plays well with a sort of overflowing generosity with which the strong shows delight in strength, and who checkmates him who plays ill, without haste but without remorse,—is a very graphic piece of writing, but one which, we think, has been somewhat misunderstood. We do not believe that its author intended to touch upon the spiritual part of our being, or to indicate that man's nature was meant to be satisfied with the investigation of natural laws; but he designed to inculcate the paramount importance of a knowledge of those laws to all engaged in the game which every man must play for himself. Some men there are, cast in such a noble mould that—following the noblest Exemplar of self-sacrifice, at a humble distance though it be—they are willing to take their part in the game with a knowledge that they will have to surrender it or be beaten in the struggle.

Mr. Huxley speaks of the absence, in the primary education of our schools, of any plan for affording a just conception of the laws of the physical world, or of the relations of cause and effect therein. He adds:—

"And this is the more to be lamented, as the poor are especially exposed to physical evils, and are more interested in removing them than any other class of the community.....And if anyone is interested in the laws of health it is the poor man, whose strength is wasted by ill-prepared food, whose health is sapped by bad ventilation and bad drainage, and half whose children are massacred by disorders which might be prevented. Not only does our present primary education carefully abstain from hinting to the poor man that some of his greatest evils are traceable to mere physical agencies, which could be removed by energy, patience, and frugality; but it does worse—it renders him, so far as it can, deaf to those who could help him, and tries to substitute an Oriental submission to what is falsely declared to be the will of God, for his natural tendency to strive after a better condition."

PATHOLOGICAL SOCIETY.

AT the last meeting of the Pathological Society, Mr. Simon, the president, made a communication to the Society in continuation of the interesting question of the existence of confervoid growths in cholera and other diseases. In his last blue-book Mr. Simon gives an account of the researches of Professor Hallier of Jena into the alleged fungoid nature of the cholera contagium (*vide* THE LANCET, Aug. 24th, 1867); and the Professor has recently communicated to him the following additional researches made by him with regard to some other contagia. He states that in six other diseases—namely, in the blood of typhus, typhoid, and measles, and in the exanthems of variola, variola ovina, and vaccinia—he has found micrococci which, under culture-experiments, give for each of the above-mentioned diseases a constant and characteristic fungus. Professor Hallier states that in variola he gets the hitherto unknown pycnidia of *Eurotium herbariorum;* in vaccinia, the *Aspergillus glaucus* (Lk.); in measles, the *Mucor mucedo verus* (Fresenius); in typhus, the *Rhizopus nigricans* (Ehrenberg); in typhoid, the *Penicillium crustaceum* (Fr.) He adds that the culture experiments, especially with the variolar diseases, have been so very numerous as to exclude from the results all supposition of accident—different districts, different epidemics, and different times, having given him identical results.

Among other noteworthy specimens exhibited to the Society was a specimen of that exceedingly rare form of calculus, the Xanthic oxide, which was exhibited by Mr. T. Taylor, who had recently discovered and identified it in the collection of the College of Surgeons, to which it was presented by the late Mr. Bransby Cooper. This is one of the three known specimens; the first having been described by the late Dr. Marcet, and the second having occurred in the practice of Professor Langenbeck.

Another remarkable contribution was a specimen of myeloid material in an isolated condition, presented by Dr. Milligan, who has recently been studying in Berlin under Kühne, the well-known chemist. This substance, which appears, from recent researches, to play such an important part in the diseases of the internal organs, according to Dr. Milligan's statement is insoluble in gastric juice; and hence this fluid is most useful in dissolving-out the other tissues with which it is mingled. When isolated, it forms a greyish-white substance which is soluble in strong hydrochloric acid or in a solution of ammonia; but from these solvents it can only be precipitated in an albuminoid form, differing essentially from its original character.

THE CASE OF CAROLINE SIDDLE.

THE inquiry by Dr. Markham into the circumstances of the death of Caroline Siddle, Poplar, alleged to have died from strangulated hernia through the inattention of Dr. Gale, took place last week. A few new and not unimportant facts were brought out. Dr. Gale testified to the smallness of the hernia. This is a very important point apart from the present case. "*There was not the slightest projection discernible before opening the body. The hernia was not larger than the knuckle of his little finger.*" By a curious coincidence, we have been informed within the last few days of a case in point in a London hospital. A man came in with symptoms of strangulated hernia, and with a scrotal hernia. The latter was reduced by the house-surgeon. But the symptoms continued, and the patient died. On post-mortem another small strangulated hernia was discovered. Such facts taken in connexion with the circumstance that Mr. Moore, a Guy's student, who had seen many cases of this disease, did not regard Mrs. Siddle's case as one of hernia, may lead to the presumption that, even if Dr. Gale had seen the patient before death, he would probably have regarded her as suffering from internal strangulation. Of course, it is deeply to be regretted now that he did not see her. But to expect one man to attend to 600 people in the middle of January, and to have no regrettable results, would be sanguine. It is to be allowed, too, that it was shown in the course of this inquiry that Dr. Gale received from the guardians last year a total of £366, and £84 12*s.* for an assistant during a portion of the year, and that the guardians supplied cod-liver oil and quinine. All this would appear to make Dr. Gale less excusable for not hiring a

qualified assistant. But it is possible that the extras last year were exceptionally large, and it is probable that these extras represent an amount of additional work as frightful as the work of attending 600 patients for £105 per annum. We trust that Dr. Markham will not disconnect the extras from the extra work. With this suggestion we leave the matter. We have no wish to apologise for unreasonable neglect; but we are anxious that a most respectable medical officer should not be blamed for the faults of a system.

TAMWORTH AND SECTION 49 OF THE SANITARY ACT.

THE powers of the 49th Section of the Sanitary Act have lately been a subject of much discussion, some persons affirming that it does not enable the Secretary of State to deal with a refractory or negligent local authority, and that such an authority can now as much as ever neglect the duty which the Legislature has imposed upon it; other persons, again, affirming that the powers are not so insufficient as supposed. We quote the following from a pamphlet which has been published on the question:—

"In this Section (49) power is given to the Secretary of State, on complaint being made to him of the neglect or refusal of local authorities to take the necessary steps for carrying out the provisions of the Acts which they respectively administer, to make inquiry into the matter of complaint, and, if he is satisfied of the laches of the authority complained against, to make an order on such authority to perform its duty; and, if such order be not obeyed, to appoint some one else to do the necessary work, and direct the amount of remuneration, &c., to be paid by the local authority in default, who, should it be necessary, may be proceeded against in the Queen's Bench."*

This is undoubtedly the exposition of the section; and the question is, have proceedings in the Queen's Bench been taken and failed?—because if not, we do not see how it can well be asserted that Section 49 of the Sanitary Act does not answer the end for which it was avowedly passed. We are not aware of the question having been tried and taken to a judicial decision; and until such a decision has been pronounced we can scarcely be expected to take for granted that the section is a nullity. We should be glad to see the question tried and decided in a proper manner by the judges; and pending such a decision, we shall be inclined to believe rather that the Act is strong enough than that an opinion given to the contrary, without able argument, is correct. If a judicial decision adverse to the section be given, it will be proper to ask Parliament to do what it intended to do; but until that is done we can scarcely make a move in that direction. We should prefer seeing the point tried, instead of the Home Secretary sitting down quietly and looking on.

PUNISHMENTS THAT CAUSE DEATH IN THE NAVY.

WE observe that a Court-Martial has been held at Port Royal, Jamaica, on a naval lieutenant and a master-at-arms of H.M.S. *Favourite*, relative to the death of a seaman while *gagged*—that is, having the air-passages obstructed to prevent vociferation. We had hoped that this and all other barbarous punishments, worthy of the Chinese, were expunged from our naval code, especially as we have heard that the Admiralty issued some time since a circular expressly forbidding this dangerous practice. It is to be presumed, in charity, that the Admiralty circular has never reached the West Indian station. The officers who were thus tried by their peers for this offence were of course "acquitted;" and a caution was appended to the finding of this humane Court, that when gagging is employed, the attendance of a medical officer and a special sentry is to be had recourse to, in order to prevent such deplorable results.

The danger of suffocation is imminent in the act of vomiting when a drunken man lies on his back with his mouth obstructed by a foreign body, for then masses of undigested food are liable to be forced back into the air-passages.

We are curious to learn what was the medical evidence given on this occasion; as it is to be inferred that, with proper guidance as regards the dangers incurred, any body of reasoning judges would have condemned the practice unconditionally, in place of affording it the qualified countenance implied in their decision.

THE REV. MR. SPEKE.

THE opinions of the medical attendants upon the Rev. Mr. Speke, published in *The Times* at the request of his family, amply bear out the views expressed by THE LANCET. There can be no doubt that Mr. Speke had long suffered under morbid impressions, which attained their climax on the occasion of the marriage of his friend—"the marriage he could not bear to see." It is impossible to come to any other conclusion from the account of his case, drawn up by his physicians, we believe, Dr. Gull and Dr. Tuke, than that Mr. Speke has suffered under that most common form of nervous irritability which, under proper treatment, is quickly remediable; but which if neglected, or, as it would seem to have been in his case, treated by advertising quacks, may lead to melancholy, to temporary insanity, or even to suicide. We are glad to find that Mr. Speke has a fair prospect of restoration to health; but it is sad to think that his case is only one of many. How much misery might be avoided, how much mental anguish escaped, if sufferers like Mr. Speke would but place themselves at once in the hands of their usual medical advisers.

THE HERBERT HOSPITAL.

THE *Pall Mall Gazette* has directed attention to the organisation of the staff of this hospital. We have received complaints at different times upon the same subject. The complicated, indirect, and expensive system of administration pursued in, what are termed in military circles, general hospitals, must sooner or later lead to inquiry. Can anything be more absurd and anomalous than the position of the senior medical officer of such an establishment? The lady-superintendent is in exclusive possession of the power to correspond directly with the War Office, the orderlies are under the control of a combatant officer, and the nurses are amenable to the lady superintendent, who is answerable to nobody. At any rate this lady has no cause to raise a cry about "the rights of women," for she appears to possess the rights of everybody else in addition to her own.

LONDON WATER.

PROFESSOR Frankland's analyses of the waters derived from the Thames, and distributed in London for consumption during the month of February, are unsatisfactory. With the exception of the West Middlesex, all the Companies drawing their supply from the Thames are reported as "delivering imperfectly filtered water on the day when the samples were taken." The water of the Lambeth Company is stated to have been so muddy that brightly illuminated objects could not be seen through a stratum of it twelve inches deep; the Chelsea Company's water seems to have been but little better in that respect, and the supply of both Companies "was, on this ground alone, entirely unfit for domestic use." The organic matter contained in all the samples analysed, except those of the West Middlesex and Southwark Companies, was highly nitrogenised, "and, therefore, probably of animal origin to a considerable extent."

The waters delivered by the New River, East London, and Kent Companies, were clear and transparent, according to the

* The Sanitary Act 1866, and the Sewage Utilization Acts 1865 and 1867. By J. B. Hutchins, Esq., Medical Department of the Privy Council.

samples taken; but the condition of the water delivered at the Deptford railway-station by the last-named Company presented remarkable peculiarities. In 100,000 parts of the water was contained the very large amount of 59·2 parts of solid impurity, no less than 14·7 being common salt, "the occurrence of which in such quantity is difficult to account for, except on the supposition that the Company's wells have some connexion either with the sea or the brackish reaches of the Thames."

NEWPORT MARKET REFUGE.

WE visited, a few evenings since, a very interesting institution, which embodies one of the numerous attempts that conscientious and benevolent individuals are making to remedy the mischief produced by the gross negligence of the State. If there be one social duty more than another which the State ought to have performed with jealous care, it is the redemption of persons originally of decent habits and respectable position from temporary distress and degradation, so that they may be restored to independence and self-respect. It is well known that the only provision which the English Government makes for the destitute is utterly unfitted for the needs of the class to which we refer, and that but for private efforts they would sink into despair and hopeless degradation. It was the knowledge of these facts which has led to the development of the most interesting features in the Newport Market Refuge. Originally, we believe, the idea of founders of Refuges was simply that of giving night shelter to the homeless; and the magnitude and complication of the problem were not understood. Indiscriminate admission of all comers encouraged pauperism; and insufficient separation of the sick from the able-bodied generated fevers in the Refuges, which made many of those places hotbeds of disease. At present, the Newport Market Refuge admits none of the professional tramp class, but only the accidentally homeless. It sends all sick applicants immediately to the hospital or the workhouse infirmary. But it gives excellent shelter, cleanly and comfortable, to all applicants not known as tramps, and who can give an intelligible account of themselves. These wanderers are allowed to remain a week at the Refuge; they are daily sent out at an early hour to seek employment, and are taken in again at noon if they have proved unsuccessful. During the year 1866, 16,275 nights' lodgings were given, 40,748 rations of food issued, and 11,520 were relieved from the soup-kitchen, a useful adjunct to the operation of the Refuge. Under the careful superintendence of the lady Sister, many of the women have been greatly improved in their condition. A number of fallen women have been restored to a respectable and industrious life, and many respectable but unlucky women have been provided with excellent places.

Perhaps the most interesting department of the Refuge is the Industrial School attached. A very considerable number of homeless boys are permanently housed and fed at the Refuge till they can be industrially trained, and turned out in a condition to support themselves with credit. The greatest care is taken in the feeding and the sleeping accommodation of these youngsters, and a gymnasium is provided for their healthy recreation. Very satisfactory results will, no doubt, attend the labours spent in this hopeful project. Indeed, reformation, and elevation in character and position, and not mere so-called charity, is the kind of assistance which the admirable Committee of the Refuge aim at extending to all classes of the accidentally homeless poor. That so intelligent an aim has been steadily kept in view is due to the labours of such men as Admiral Ryder, Mr. Shaw Stuart, Mr. Bayne Rankin, and others like them; and to the efforts of many excellent ladies, among whom the name of Mrs. Gladstone must be mentioned with special gratitude for the warm interest which she has long taken in the affairs of the Refuge.

The sanitary arrangements of the house are excellent considering the great difficulties the Committee have experienced in adapting the only building they could get for this purpose in the central position which it was essential that the Refuge should occupy. The more than military thoroughness of discipline and supervision which is maintained ensures that no avoidable nuisances shall be kept up. And what further improvements in the arrangements can still be made will, doubtless, now be carried out with the assistance and advice of Dr. Rogers, who has been recently appointed medical attendant. We congratulate that gentleman on the fact that he will have to work, in the present case, with a committee as unlike the guardians of the Strand Union as they could possibly be.

THE CLINICAL SOCIETY.

AN important meeting of this Society was held on Friday, Feb. 28th. The case of Fibroid Phthisis related by Dr. Andrew Clark at the previous meeting was the subject of a most animated discussion, which was opened by Dr. C. J. B. Williams, and continued by Drs. Greenhow, Anstie, Marcet, and J. E. Pollock. The reply of Dr. Andrew Clark was extremely able, and amusingly polemic. On the whole, the general bias of the meeting may be said to have been in favour of the chief position taken up by Dr. Clark—namely, that fibroid phthisis is a very well defined disorder, perfectly distinct from caseous phthisis. Whether Dr. Clark's further distinction, by which he separates fibroid phthisis absolutely from simple cirrhosis of the lung, will hold good, seemed more doubtful; but there could be no doubt as to the great ability with which his views were urged.

A VISIT TO THE "PECULIAR PEOPLE."

IN the current number of *Good Words* is an account, by Mr. William Gilbert, of visits paid by him to two of the Continental establishments at which "the treatment of disease by faith and prayer instead of medicine" is carried out systematically.

The institution first visited was that of the Lutheran pastor, Christoph Blumhardt, in the Black Forest; and here Mr. Gilbert found a handsome house, with gardens, &c.,—in fact, a bankrupt water-cure establishment converted into a semi-religious house, with the gambling and dancing *salon* turned into a chapel. Here were assembled just that class of valetudinarians who might be met with at any fashionable but quiet resort of invalids, averaging a hundred and sixty in number, who promenaded, attended chapel, took regular meals, and kept early hours, and went away benefited accordingly. A conversation with the pastor elicited that "he did not deny the efficacy of medicine, but at the same time had a much greater reliance on the efficacy of prayer, being fully convinced from his own experience, which was great, that the majority of diseases could be cured by prayer and faith, without the application of scientific remedies. In surgical cases he did not deny the necessity of calling in a skilful surgeon." Our surgical brethren will feel complimented at this admission, which is not in strict accordance with the views of one of the "peculiar" witnesses at the recent inquest. Mr. Gilbert did not see any cases of cure, nor were there in the institution any persons suffering from serious diseases; he was assured, however, that there had been "some wonderful cases" during the preceding months.

Dorothea Trudel was a young woman who resided at Männedorf, on the banks of Lake Zurich, and who, being of a pious disposition, betook herself to prayer when some members of her family had been given over by the physicians. They recovered, and on sickness again breaking out in the village Dorothea was called in to pray over the sick, who recovered without any medical advice. Unfortunately, medical jealousy appears to have been excited by the reputation she thus obtained, and a prosecution followed, with the imposition of a

fine, which, however, was remitted on appeal. Persecution naturally gave publicity, and publicity only increased reputation, so that Dorothea became the rage, and sick folk flocked together from all sides. In the midst of her successes, and in spite of them, Dorothea unfortunately died (in 1862), and her "system" is now carried on by others, with what success we are not informed.

Mr. Gilbert, in concluding his interesting account, sums up his views upon the subject in the following sentences, which we imagine will have, and have had, the concurrence of all Christian practitioners for many a long year, though they appear to be new to the writer himself:—"The effect of irritation and mental anxiety is naturally to increase the intensity of disease. Any system that can reduce these provocatives, thereby allowing the curative power of nature to re-establish the balance, must be beneficial; and what more legitimate system, or one of greater power, could be adopted than that of prayer to the Almighty, and faith in Him? If to these be added strict regularity of life, judicious diet, and uninterrupted quietude, the cures said to have been performed by Dorothea Trudel and Pastor Blumhardt are not to be wondered at."

METHYLATED SPIRITS.

THE Commissioners of Inland Revenue in their Eleventh Report, lately issued, state that there has been a reduction in the quantity of methylated spirits from 1,070,897 gallons in the year ending March 31st, 1866, to 1,031,214 in the subsequent year. This is accounted for by an alteration which has been made in the law so as to prohibit the use of that kind of spirit in medicinal preparations for internal use. In previous reports reference was made to the fraudulent practice of making a compound of methylated spirit, which, under the pretence of being used as a medicine, was in reality sold as a stimulant in the place of ordinary spirits. This practice was also intimately connected with the application of methylated spirit to purposes for which, although not expressly prohibited, it was never intended—namely, the preparation of tinctures and of medicines for internal use, "an application of that spirit which the Pharmaceutical Society considered highly objectionable." By 29 and 30 Vict., c. 64, s. 8, the use of methylated spirit in any preparation which can be used internally as medicine is entirely prohibited. Sulphuric ether and chloroform, which are in extensive use in arts and manufactures, are excepted from the prohibition. Methylated spirit may also be still employed as a solvent or agent in the production of medicines, provided no spirit or derivative thereof shall remain after the completion of the process.

THE REPORTS OF THE POOR-LAW INSPECTORS.

WE have received the huge blue-book which contains the reports which were made by the Inspectors of the various Poor-law districts, in answer to special queries addressed to them by the Poor-law Board. A more complete justification of the impression which has become generally prevalent as to the mode in which these officials discharge their duties could hardly be found. We shall have to comment on the reports on a future occasion, and especially on those of certain houses which our Inspectors have visited, and the real condition of which has thus been accurately ascertained.

THE MEDICAL BENEVOLENT FUND.

THE profession is not sufficiently alive to the importance of countenancing the exertions of the directors of the Medical Benevolent Fund, which has been in operation rather more than thirty years, and is thus older by some years than the Royal Medical Benevolent College, with which it is often confounded. Its objects are distinct from those of the two other great medical charities, and are, mainly, to furnish immediate relief to medical men, or their families, when in distress from misfortune or illness. About £1000 a year is thus distributed, and in addition to the numerous cases in which the immediate income of a disabled medical man, or the scanty earnings of widows and daughters, are supplemented by a comparatively small sum, which makes to them the difference between comfort and privation, the assistance of the fund is constantly sought when a family is suddenly left unprovided for; and it happens not unfrequently that, by a timely grant, a brother practitioner is enabled to tide over a difficulty which would otherwise have brought an entire household to poverty. The Fund also maintains thirty aged annuitants.

A distinguishing feature of this Society is that all the work is done by honorary officers, members of the profession, and a room is furnished for the meetings of the committee by one of the members. There are thus no expenses except those of printing, postage, and collection, and the money subscribed is not liable to large deductions for mere management. Again, the applicants are not subjected to the delay, publicity, and expense of a canvass. The signature of a single subscriber is sufficient to bring a case under the notice of the committee; and after due investigation, assistance is at once granted. Funds are urgently needed to meet the many distressing cases which are constantly making application, and we commend the charity to the notice of our readers as one which meets an obvious demand, and is liable to none of the objections often alleged against similar institutions.

MARRIED SOLDIERS IN INDIA.

IN the last number of the *Army and Navy Gazette* is a good letter from Deputy Insp.-General Dr. C. A. Gordon, C.B., which contains a fund of useful information as to the pecuniary and other advantages enjoyed by married soldiers with families in India. The sickness and mortality among women and children in India, however, as recorded in the reports of the Sanitary Commission for Bengal, are so lamentably high that it becomes a question how far it is justifiable to expose them to the great risks involved by a residence in India.

ABYSSINIA.

THE health of the troops continues to be very satisfactory. The few deaths that have taken place have resulted from dysentery, and there appears to be an impression that this disease and diarrhœa may become more prevalent during the summer in the parts bordering on the Red Sea, and during the wet season on the highlands. The sanitary condition of the mountain pass, which was unsatisfactory from the presence of a number of dead mules and animals, is now very fair. A very good transport for sick and wounded has been devised, dhandies having been constructed of McGwire's hammocks fastened to the poles of dhoolies. One field hospital is to be established at Senafé, and another is to be fixed at Antalo.

The temperature in double tents during the day ranges from 90° to 93° F. We understand that about 200 non-effectives, composed of invalids and weakly men belonging to the army and navy, are to be transferred to this country.

THE GULSTONIAN LECTURES.

DR. JOHN HARLEY delivered his first Gulstonian lecture on the 4th inst., "On the Physiological Action and Medicinal Use of Conium." From observations upon himself and upon others in the treatment of nervous and other diseases, he showed that the whole action of conium was confined to the motor centres, resulting in depression of the functional activity of the corpora striata, the minor centres of motion, and the whole reflex function of the spinal cord. He pointed to the third nerve as giving the earliest and most distinct indication of the action of hemlock.

As the simplest view to be taken of its physiological action, he stated that the whole motor function of an individual under the complete influence of conium is to be regarded as asleep; and he claimed for conium such a tranquilising influence over the unduly excited centres of motion, as opium exercises upon the over-excited and weary brain. The *modus operandi* of conium within the body, its mode of elimination, and its influence upon the sympathetic system and the urinary secretion, were duly considered.

KING'S COLLEGE HOSPITAL.

IN consequence of the present unhealthy condition of the surgical department of this hospital, the Victoria and Albert wards have, during the past week, been emptied of their beds and thoroughly cleansed. The prevailing affections are erysipelas, sloughing sores, and pyæmia, which have been increasing in frequency and intensity since the commencement of the year. The patients attacked were those who had previously undergone capital operations, and also some who had been under surgical treatment of no great severity. The beds (twenty-six in number) have been removed to wards in the upper part of the hospital, so that the surgical practice will not for the present be reduced in extent.

THE COMMISSION OF INQUIRY AT THE MAURITIUS.

WE have been informed, on good authority, that a local Commission of Inquiry as to the cause of the fever in this island, and the remedial measures to be recommended, was instituted some time ago. This Commission is said to be composed of the General commanding, the principal medical officer, the officer commanding the Royal Engineers, and a civilian occupying a high local position. It is believed that the Commission must by this time have considerably advanced in the labours of their investigation. Under these circumstances, it is considered premature to appoint a Government Commission from this kingdom. When their report has been received, it may however become necessary to do so.

GREENWICH HOSPITAL.

WE understand that the Report of the Committee on Greenwich Hospital is already in print, and will be forthcoming immediately after Mr. Seely's motion for its production. It is in contemplation to make extensive alterations in the buildings known as Queen Mary's and Queen Anne's Quarters, such as will render those portions of the building adapted to the purposes of a general hospital. As we further hear that the naval medical staff is to undergo considerable reduction, these alterations in the buildings cannot be, we infer, in any way connected with the wants of the Royal Navy; we trust, therefore, that the grounds which we have always advocated for the admission of the *Dreadnought* to Greenwich Hospital have been at length recognised.

PSYCHOLOGICAL CLINIQUE AT CAMBRIDGE.

THE medical school of the Cambridge University is to be congratulated on a recent addition to its attractions—namely, the establishment of a *clinique* for the study of mental diseases. Dr. Mackenzie Bacon, the superintendent of the County Asylum at Fulbourn, lately offered to receive a class at the asylum, once a week, for the purposes of clinical study, and to give a more or less systematic course of instruction in the subject of insanity—an offer of which a good many have availed themselves. These meetings, of course, correspond with the academical terms. The proximity of the asylum to the University enables the men to take advantage of this opportunity; and in this way they are more fortunate than the London schools, which can find lecturers but not patients for illustration and observation.

DR. ROGERS AND THE POOR-LAW BOARD.

WE regret to learn that the Poor-law Board has been ill-advised enough to confirm the suspension of Dr. Rogers by the Strand Board of Guardians, and to require him to resign his office. This time it is not merely the non-medical officials of the Poor-law Board who have helped to further the unfair dismissal of an old and faithful public servant. The matter must not be allowed to rest here.

A MOVEMENT is on foot in Dublin to put an end to pluralism in hospital appointments. The step is countenanced by most of the leading men in Dublin, by the King and Queen's College of Physicians, and other bodies. Dr. Banks has, amongst others, set an example by resigning the King's Professorship of Physic. Drs. Kennedy, Moore, and Freke are named as probable candidates for the vacancy. Several other changes are in progress at the hospitals.

AMONG the presentations at the levée held by the Prince of Wales on Tuesday last were the following distinguished members of the medical profession: Sir William Jenner, M.D., on being created a baronet; Sir William Fergusson, on appointment as serjeant-surgeon to the Queen; Mr. James Paget, on appointment as serjeant-surgeon extraordinary to the Queen; Mr. John Hilton (president of the College of Surgeons), on appointment as surgeon extraordinary to the Queen; and Mr. Prescott Hewett, on a similar appointment. All these gentlemen were presented by the Lord Chamberlain. In addition, Dr. Clarence Cooper and Dr. Thomas Gwynne Howell, of the Madras army, Mr. T. B. Power O'Brien, staff assistant-surgeon, and Dr. Yearsley, were presented. Among the medical attendants at the levée were Sir Henry Holland, Drs. Armstrong, R.N., A. Farre, Stanley, Haynes, and Sieveking, and Messrs. Borlase Childs, White Cooper, Cæsar Hawkins, Tamplin, Wakley, and Haynes Walton.

THE prospects of the Lowestoft Infirmary, we are glad to perceive by a report in a local paper, have considerably improved since we last noticed them. The Infirmary has been enlarged for twenty-seven beds instead of thirteen. The medical staff have been placed on an equality as regards the in-door and out-door patients, and the governors seem disposed to be unanimous in their efforts for the good of the institution. There are a considerable number of accidents brought into Lowestoft harbour from the multitude of ships which are constantly passing and repassing from London to the North, and these accidents have always been treated with great care and skill at the Infirmary by Mr. Worthington, who founded the institution, and who has attained just celebrity as an operating surgeon in the Eastern counties. We are pleased to recollect him as one of the first contributors to this journal. It is gratifying to state that Mr. W. H. Clubbe was elected last week, without a dissentient vote, one of the surgeons to the Infirmary.

AT a meeting of the Committee of the Jelf Testimonial Fund, held at King's College on Thursday last, it was, on the proposition of Mr. Cunningham, resolved that £150 should be devoted to the purchase of a piece of plate for presentation to Dr. Jelf, and that the balance should be appropriated to the foundation of prizes in the College. As this proposition was carried without notice, and an adjournment was resisted by the Secretary of the College, we cannot imagine that it will tend to increase the list of subscriptions.

THE health of London, judging at least from the returns of deaths, is remarkably good; last week the deaths amounted only to 1266, or less by 285 than the estimated number. The particulars of the deaths of eight of the victims of the Clerkenwell explosion are given in the Weekly Return.

A MEETING of the Council of the Sydenham College, Birmingham, was held on March 4th, to receive a statement of the reasons which had induced the Committee to amalgamate with the Queen's College. A resolution approving of the course taken by the Committee to effect the junction of the medical schools was unanimously passed.

WE are glad to learn that in some unions (the Stockbridge and Alderbury) the minimum scale of fees for vaccination under the new Act has not been adhered to by the guardians. Two-and-sixpence for home station vaccination, and four shillings beyond, have been agreed to, subject to the approval of the Poor-law Board. In all cases the old contracts were determined by notice from the medical officers.

MR. JOHN LEIGH, M.R.C.S., was elected by a majority of 33 against 26 votes in the City Council, to the post of Medical Officer of Health for the City of Manchester. The salary of the office is £500 a year.

THERE has been an examination for assistant-surgeons for the Royal Navy during the past week, at which six candidates presented themselves.

THE LONDON FEVER HOSPITAL.

So much good work, both as regards the advancement of medical science, and the treatment of fever-stricken poor, has been done within the walls of the London Fever Hospital, that we read with special interest the annual reports which are from time to time issued by that institution. This year we are glad to note that the epidemic of typhus which began in 1861, and has held its way until the present time, at last shows signs of abatement. The number of admissions last year from typhus was 1383, which is a smaller number than in any of the three years preceding. Still the bulk, as heretofore, came from the districts of London where there has been most destitution. The characteristic eruption of typhus was present in 95 per cent. of the cases. The admissions from enteric fever amounted to 378, and throughout the second half of the year a rise in the amount of disease, as guaged by the admissions, was noticed, the eruption being present in about 77 per cent. of the cases. The death-rates of typhus and typhoid were respectively 19·8 and 14·6 per cent. Perhaps the most interesting portion of the report, as bearing on the question of diagnosis, is the table which is given to show the multifarious nature of the diseases that are sent to the hospital for admission, under the supposition that they are fevers.

The differential diagnosis between fever and some other diseases is not at times an easy matter. Yet it cannot be doubted that the fact that so large a number of cases as 515 out of the total of 2801 admissions were those of diseases other than fevers, is not altogether creditable to the judgment of those who recommended the removal of the patients to the Fever Hospital. Amongst the cases admitted we note no less than 32 cases of acute rheumatism, 26 of destitution, 32 of phthisis, 11 of syphilis and gonorrhœa, 74 of bronchitis, 126 of pneumonia, and 217 of dyspepsia. In 20 cases the diagnosis was "nothing." The demands made upon the hospital are great, and it is essential to the public interests that a little more care should be exercised in this matter. Too much publicity cannot be given to the above facts, for in this way the knowledge of what to avoid is most easily acquired by practitioners. We are sorry to find that the resident medical officer caught typhus; he is now, however, convalescent. Four nurses died from typhus out of twenty-one who caught the disease. A nurse died of small-pox, and a cook was attacked by it. The Committee of the Fever Hospital believe that when the poor are provided for by the establishment of the pauper fever and small-pox hospitals, this institution will be available for the general public, who no doubt need at present some institution in which cases of infectious fever may be isolated, so as to prevent the spread, which is often the case at present, of the disease from one to several members of the same or different houses.

Correspondence.

"Audi alteram partem."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—I left the annual meeting of the Royal Medical and Chirurgical Society—where, had it not been for Mr. Charles Hawkins's timely interference, I might still be—with feelings of much pain.

The question brought before the meeting by Mr. Heath, and admitted even by Mr. Moore to have been by him temperately handled, is one most seriously affecting not only the interests but the honour of the Society. It was to the effect that a communication by Mr. Heath to the Society—one acknowledged generally to have been of no common interest—was refused admission into the Transactions, on the plea that it had appeared, at least in substance, in a medical journal—not, it must be remarked, communicated by the author, but simply as a "report" of the proceedings of the hospital in which the operation was performed; whilst a paper received under similar circumstances from Mr. Moore, *vice-president*, was printed: and also that a paper by Mr. James Lane and Mr. Gascoyen, the substance of which had not only appeared in a journal, but had been discussed by another Society, was admitted into the Transactions, Mr. Gascoyen being a *secretary* of the Society. Now this statement was not only not contradicted, but no explanation was offered relative to it, beyond the President stating that he hoped that such a proceeding would not occur again.

The whole question of the nature of the papers that should appear in the Transactions is one that it behoves the Council to take seriously into consideration. I think, after the remarks of Sir Henry Thompson and Mr. Charles Hawkins, some alteration in the mode of procedure must be adopted.

Now, Sir, a word relative to some of the gentlemen proposed to form the new Council; and I fear I am here compelled to appear somewhat personal, which I very much regret; but if any blame is due on this score, it is not to me, but to those gentlemen who permitted themselves to be placed in a position to elicit personal comments. Mr. Moore was proposed as treasurer, having, with the exception of one year, served for nine years consecutively on the Council; whilst there are several surgeons, quite Mr. Moore's equals, who have never been on the Council. It would be little short of an insult to the rest of the surgical Fellows to suggest that it is *necessary* that Mr. Moore should thus become almost a permanent member of Council; nor do I see any valid reason why Mr. Moore should have been elected a vice-president before either Mr. Erichsen or Mr. Henry Lee, both being senior Fellows of the Society to himself. Then there is Dr. Monro proposed as a member of Council, who only joined the Society in 1863, for whom personally the whole profession have the highest regard, but he has not yet enriched the Transactions by a single paper, and, as far as I know, his voice has never yet been heard in debate; whilst there are physicians, who were Fellows of the Society twenty years before Dr. Monro was elected, who have not yet reached the Council. Has it become a necessity that both the physician and surgeon of St. Luke's Hospital should be members of the Council?

With regard to the President's address, as it will be no doubt printed, I will not presume to anticipate the verdict of the profession on its merits; but I may say that I think many will question the taste of our President in answering an address delivered to another Society. Notwithstanding the improved state of ventilation of the room alluded to by the Council, I opine that, had a discussion ensued (which the President's remarks would have quite sanctioned) relative to the present Board of Examiners of the College of Surgeons, he might have found himself in rather a warm situation. The President hinted that the *name* of the Society might be altered, and, according to the new fashion, without royal authority. If the President would induce the Council to change its mode of

proceedings, it would tend, I beg humbly to submit, more to the honour and dignity of the Society than any change of name.

I am, Sir, yours &c.,

March, 1868. AN OLD FELLOW.

To the Editor of THE LANCET.

SIR,—As I find myself in your last number taken to task by "A Fellow" of the Medico-Chirurgical Society for undue adhesiveness to office in that Society, I beg leave to state for the information of the writer, and your readers, that my official position in the Society has been only that of member of the Council in the session 1854–5, and Librarian in 1866–7. I even lost my customary re-election in 1855–6 by non-attendance, in consequence of my frequent absence in Paris in the spring of 1855 in connexion with the Universal Exhibition of that year. I trust, for the credit of the writers, that the exceptions taken to the recent action of the Council, in that and another letter preceding the one to which I have alluded, may have stronger legs to stand on than in the case of

Your obedient servant,

"THE PERENNIAL MR." C. BROOKE.

Fitzroy-square, March 2nd, 1868.

QUALIFICATION OF A VACCINATOR TO BE A GUARDIAN.

To the Editor of THE LANCET.

SIR,—Although there is no clause in the Vaccination Act of last year to disqualify a public vaccinator from becoming a member of a board of guardians, the Statute 5 and 6 Vict., c. 57, § 14, enacts that "no person receiving any fixed salary or emolument from the poor-rates in any parish or union shall be capable of serving as a guardian in such parish or union."

The Poor-law Commissioners have held that a public vaccinator who has contracted with the guardians at fixed rates of payment is disqualified to be elected as a guardian. If he were elected, he might have to decide upon the propriety of his own conduct in his office.

I am, Sir, your obedient servant,

Gwydyr House, March 2nd, 1868. W. G. LUMLEY.

INFANTILE REMITTENT FEVER.

To the Editor of THE LANCET.

SIR, — In the report of the discussion at the Royal Medical and Chirurgical Society, "On Infantile Remittent Fever," No. VIII., p. 258 of your journal, the remarks attributed to me do not read exactly as I wished them to be understood. You will, therefore, much oblige me by the insertion of a short explanation.

I first mentioned that in Germany no single disease responding to the term "infantile remittent fever" was known, and that when I came to London, many years ago, I endeavoured to make myself acquainted with this disease; that I later had the opportunity of seeing a considerable number of cases, designated as suffering from it by some of the most distinguished men; and that of these cases a certain number were clearly "typhoid fever," others were quite as clearly of "aguish" character—i. e., "intermittent fever," which in children, especially in the beginning of the attack, is less typical and less easily recognised than in the adult; that in other cases I had to regard broncho-pneumonia of the apex as the real nature of the disease, and again, in others, gastric and intestinal irritation from various causes; that, in short, all the instances I had seen were more or less marked specimens of other generally recognised diseases, as they occur in children.

The cases related by Mr. Curgenven in his valuable paper I regarded as belonging to intermittent fever.

It certainly cannot be desirable, Sir, that we perpetuate a name which not only leads to endless confusion in the classification of diseases in statistical reports, but is also apt to lead to mistakes in prognosis and treatment; for surely we do not deal in the same way with ague and typhoid fever, or pneumonia, or gastric irritation induced by improper food and other noxious causes, internal or external. It appears to me, on the contrary, a duty to support men like Dr. West in endeavouring to remove the term "infantile remittent fever" from English medical nomenclature.

I remain, Sir, your obedient servant,

Finsbury-square, March, 1868. HERMANN WEBER.

THE CORONERSHIP OF WEST MIDDLESEX.

To the Editor of THE LANCET.

SIR,—I suppose that everyone acquainted with the useful and meritorious labours of Dr. Hardwicke in sanitary reforms, knowing his experience in, and peculiar fitness for, medico-judicial inquiries, and his general great accomplishments, will feel a profound regret at the failure of his election to the office of Coroner for West Middlesex.

In addition, I understand that the legality of the votes by which this result was obtained is challenged. Under these circumstances, I hope you will consent to receive subscriptions for a fund to assist that gentleman in defraying some of the heavy expenses into which he has been drawn, and for that purpose you will permit me to enclose to you my cheque for three guineas.

I am, Sir, your obedient servant,

THOMAS HAWKSLEY.

Brook-street, Grosvenor-square, Feb. 27th, 1868.

*** We shall be happy to forward subscriptions to the proper quarter.

RETIREMENT OF INSPECTOR-GENERAL MOUAT ON HALF-PAY.

To the Editor of THE LANCET.

SIR,—Your impression of the 22nd contains a letter signed "One of the Aggrieved," on which I would wish to say a few words, more particularly as the case referred to appears to me to have been much misrepresented in several communications recently addressed both to the medical and military journals, and in which we have had the views of Mr. Mouat and his friends set forth.

Your readers must be made aware of what your correspondent seems to have entirely ignored, that the case of Mr. Mouat is a common one, and in accordance with the custom of the service.

During the last two or three years I can call to mind among the upper ranks the names of Drs. Jamieson, Annesley, Langley, Fraser, and Sall, all of whom were obliged to retire in consequence of their unfitness for general service; and in the case of Dr. T. Goldie Scot, his promotion was cancelled, and he had to retire on the half pay of a lower rank, on account of his declining to go to India.

It may seem harsh to say so, but the injustice would be to make an exception, even in Mr. Mouat's case; nor can I clearly comprehend (with all his distinguished services) that they are so very transcendent as to justify a deviation from rules in his favour, so stringently carried out in the cases of other old and deserving officers. I am not a little surprised at the misapprehension which appears to exist in your correspondent's mind on the subject of medical boards and half pay.

If an officer gets an order to proceed anywhere, he must obey that order or resign the service. He always however can plead his inability to proceed on the score of ill health; but in this case a medical board is ordered to report on his condition with the view of giving him a title to a higher rate of half pay than he would otherwise be entitled to.

Mr. Mouat does not deny that he was senior on the roster, and consequently the right person to go abroad, particularly as he had not completed, like Dr. Muir, his foreign tour of duty as an inspector.

Without a knowledge of these facts your readers are apt to be misled.

I am, Sir, yours, &c.,

Feb. 1868. FAIR PLAY.

ON MEDIO-BILATERAL LITHOTOMY.

To the Editor of THE LANCET.

SIR,—Sir W. Fergusson's clinical lecture and the instructive remarks of Mr. Erichsen and Sir H. Thompson which have followed it, induce me somewhat earlier than I intended, briefly to allude to a plan which I have adopted for the removal of stone from the bladder of the adult in cases unfitted for crushing.

On October 10th, 1867, I performed at Wolverhampton General Hospital lithotomy in two cases: one, a boy, cut laterally; and the other an elderly man, aged sixty-seven years, from whom I removed a large flat stone after the following

method:—A large curved staff, deeply and widely grooved on the convexity, being introduced into the bladder, and the patient tied up, and placed in the usual lithotomy position, I inserted my finger into the rectum, and placing it firmly in front of the prostate, I entered a sharp-pointed straight-backed knife as near above the anus as the safety of the rectum permitted; and pushing it on to the groove of the staff, I freely divided the urethra, and as it was withdrawn I incised upwards in the median line the skin and superficial structures as extensively as prudence allowed. The left forefinger, now removed from the rectum, was passed into the wound, and its point (nail downwards) lodged in the groove of the staff, sufficing as a guide to a broadish straight gorget,* with a central projecting probe point, and a limited bilateral cutting edge. This was easily and gently pushed on into the bladder, incising as it advanced the prostate bilaterally from before backwards, and along its upper hollowed-out surface the finger slipped into that viscus. The former was now removed, and as small a pair of forceps as could be effectually used being introduced, the stone was seized and extracted.

The above operation I have had in my mind for many years (I practised it frequently in the dead-house of University College Hospital when I was house-surgeon, dissecting carefully the parts afterwards, and I have also in my possession some recent dissections); and although I have had many opportunities, I never resorted to it previously, having been satisfied hitherto with the lateral method in all cutting operations. But the above case being in many ways a very unfavourable one for operative interference, cystitis to a considerable extent existing, and the man's health being completely broken down with a long life of drinking, and of late years with much suffering, I resorted to it, trusting to reduce the risk to a minimum, and also bearing in mind the greater facility which, in my opinion, the median section of the perineum offers to arrest venous bleeding, if it occurs, by a more complete and perfect plugging of the wound, either around a tube or upon a catheter; and in this particular case I anticipated some trouble from this danger.

In conclusion, I would remark that, however excellent the architect, and however good the workmanship, time and accumulated experience must settle the worth of a thing; so we have yet to look to the future to determine the question whether a better or a safer operation can be devised than the old lateral method of Cheselden.

I am, Sir, your obedient servant,

Wolverhampton, Feb. 1868. VINCENT JACKSON.

* A similar instrument to Dr. Keith's, but with its edges unbluated.

Obituary.

DR. RAY (OF DULWICH).

IN our Obituary of last week was included the name of Dr. Edward Ray. His death, at the early age of fifty, created a profound and painful sensation in Dulwich and its neighbourhood, where he had led the medical practice for many years, and where his high personal qualities had gained for him in an exceptional degree the regard and esteem of all. The leading points of his career may be sketched in a few lines. He was born at Clare, in Suffolk, in 1817, and was educated at the Mercers' School, in the City of London. At a rather early age he was apprenticed to the late Mr. Gilbert, then practising as a surgeon at Norwich, and during his apprenticeship had the advantage of attending the medical and surgical practice of the Norfolk and Norwich Hospital. In 1835 he entered as a pupil at Guy's Hospital, where he soon attracted the notice of his teachers by his unwearied industry, especially in the dissecting room, and afterwards at the lying-in charity. He dissected for lecture, and in 1838 obtained the prize awarded to the student who had most distinguished himself in midwifery. In 1839 he commenced practice at Dulwich. In 1849 he became a Fellow of the Royal College of Surgeons by examination; and in 1862 he took the degree of M.D. at St. Andrews, and was bracketed first in the examination for honours.

Were there nothing to be added to this simple enumeration of dates, we might close our notice with an honest regret that death had carried off prematurely a man who had played a useful and dutiful part while life lasted. Edward Ray, however, possessed many characteristics which raised him above the ordinary level of his fellows. Singularly modest, patient, and painstaking, and free from all taint of selfishness, or jealousy of others, he endeared himself to all with whom he was associated. Endowed with an unusually good memory and well-balanced mind, and candid and diligent in the pursuit of truth, his judgment was rarely at fault. The demands which an extensive practice made upon his time debarred him from adding much to the literature of medicine; but he contributed two important papers, one on Umbilical Hæmorrhage, the other on Placenta Prævia, to the Proceedings of the South London Medical Society. At the time of his death he was President of the Sydenham District Medical Society (having succeeded the late Dr. Barlow), and was on the Council of the Medical Benevolent College; he had also previously served on the Councils of the Pathological and Obstetrical Societies.

His manner, which was remarkably calm and gentle, yet self-reliant, gained him the grateful confidence of his patients; and among his professional brethren it is not too much to say that he never made an enemy. Few indeed are the men—the successful men especially—of whom this can be said in our own or in any profession, where distinction is too often the bitter harvest of hostile encounter. That these encomiums are not exaggerated the scene at his funeral alone is sufficient evidence. Every house in Dulwich was closed, and from far and near thronged crowds of sincere mourners, who followed him to the grave, feeling and knowing that there had gone from among them one who had done his work faithfully and well while he lived, and by whose death a place had been left vacant to fill which a man of no common order would be required.

Dr. Ray had been confined to his room for nearly two months before his death. For twelve years or more he had been the subject of a loud cardiac murmur, of a somewhat anomalous character, most audible on a level with the apex of the heart. There had been, however, on the whole, an absence of constitutional disturbance in connexion with this, especially during the last few years of his life. At first his symptoms were obscure, and it was hoped that the gastro-hepatic derangement present, occurring in an over-worked man with an unsound heart, might account for them. His friend, Dr. Hughes Hewitt, however, who was watching his case, felt some anxiety about him from an early period of it, and sought the co-operation of Drs. Gull and Wilks; Mr. Hilton also saw him. After a slight improvement, in appearance at least, symptoms of blood-poisoning began to show themselves—violent rigors, followed by hot skin and great arterial throbbing, and then by profuse and prolonged acid sweats, a sallow skin and conjunctivæ, &c. No local mischief could be detected, yet it seemed more than ever likely that the case was one of pyæmia, probably phlebitic in its origin, when pneumonia of the left base supervened. The breathing now became very hurried and difficult, the pulse rapid and feeble, and at two A.M. on the 22nd of February he expired. The body was inspected thirty-two hours after death. It was found that the seat of the blood-poisoning was at the centre—not the circumference—of the circulation. The posterior curtain of the mitral valve had been ulcerated. Upon the auricular aspect of the aperture a thick deposit of fibrin, as large as a walnut, had been formed, with a ragged, irregular hole at its apex, and a cavity in its interior. The spleen was much enlarged, and contained extensive fibrinous "infarctions," some of which were softening, and even semi-fluid. Similar deposits, not softening, were found in the kidney. No embolus could be detected in any of the cerebral vessels.

Dr. Ray married young, and has left a widow and seven children. He is succeeded in his practice by his eldest son, formerly house-surgeon of Guy's Hospital, who was associated with his father in practice for some years before his death.

SIR JAMES BROWN GIBSON, M.D., K.C.B.

WE are very sorry to learn that information has reached this country of the death of the late Director-General of the Army Medical Department. It appears that Sir James Gibson was on a visit to Cannes, whither he had proceeded on account of his health. Sir James had exhibited symptoms of cerebral disease before he left England to escape the winter of 1867–8. He was very liable to bronchitis at that season; his strength was likewise impaired from having suffered from a large carbuncle.

Sir James Gibson was sixty-three years of age. He served in every grade of the Army Medical Department, from that of Hospital-Assistant on his entrance in 1826 to that of Director-General in 1860, from which post he retired in 1867, having altogether served for upwards of forty years. He was present during the Crimean war at the battles of Alma, Balaklava, and Inkermann, for which he was awarded the Crimean medal and four clasps, the Turkish medal, and a C.B. In the beginning of 1855 he was selected by the Duke of Cambridge as his personal medical attendant. Sir James was Honorary Physician to the Queen, and was appointed a Knight Commander of the Bath in March, 1865.

He was a student and graduate of the University of Edinburgh. From all we can learn, we are convinced that Sir James Gibson was an eminently conscientious, hard-working, sensitive-minded man. We willingly accord him this praise, because we cannot help looking back upon his direction of the department as unfortunate. Sir James Gibson was a thoroughly painstaking regimental surgeon. He had been accustomed all his life to detail, and to the occupation of a subordinate position. As the *protégé* of the Duke of Cambridge he was made Director-General. He brought conscience to the work, but he lacked administrative capacity. There is no doubt that he laboured very hard indeed, and that he had qualities which would have gained him respect and affection in any other position than that into which he had the misfortune to be thrust.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE sanitary improvement of this city has frequently been alluded to by your correspondent. Before, during, and since the last cholera epidemic, the insanitary state of Edinburgh has pressed itself strongly on all interested in the social, physical, and moral improvement of their fellow-citizens. The Improvement Bill has been recently obtained at an expense somewhat over £5000, and several meetings of the trustees have been held. Apart from the question of cost, it is difficult to believe that any rational person can doubt the necessity for improving some parts of the old town; but in the opinion of many the amenity of the city as well as its sanitary improvement is a question for consideration. So far as the latter is concerned, where to commence is but a question of degree. The justices have, however, wisely resolved to begin with that part of the High-street district, in the Tron Church parish, where the proportion of population to each acre is stated to be 646. After this the improvement of the streets in the neighbourhood of the University and the Industrial Museum is to be taken up, the Government having given it to be understood that if the approach to this building is improved, a grant will be given for its completion. The justices have also resolved that no more than £50,000 shall be expended in the year 1868. We may, therefore, expect after next May to see these much required improvements commenced. The alteration in the College-street district is important for another reason than the mere beautifying of the locality. The managers of the Royal Infirmary have resolved to build the new Medical House in the immediate neighbourhood of the present one. Your correspondent some time ago stated that were the houses between the present building and the University removed, an immense improvement would be made. This has now been resolved on, and the managers are at present endeavouring to obtain the necessary sum of money. It is understood that about £100,000 will be required, and with the money the managers already possess and subscriptions promised, about half of the sum has been obtained. To your many readers who have benefited by their attendance at our venerable hospital, and who cannot but have many pleasing, interesting, and heartfelt associations connected with it, your correspondent would appeal; for many who have there laid the foundation of their success in life, and are now scattered at home and abroad, will be, doubtless, glad to have the opportunity to join in contributing to so good a work. The benefits of the convalescent house at Corstorphine, which has been handed over to the managers, are not yet fully realised, although the house was opened for the reception of patients in August last. The water-supply is deficient; but it is hoped that it will soon be sufficiently increased.

The close of the year was marked by the death of Prof. P. C. M'Dougall, who has filled the chair of Moral Philosophy since the death of Wilson. Prof. M'Dougall died on the 30th of December last. Death has also removed from amongst us a much respected and beloved member of the profession, Dr. John G. Macdonald Burt. He died on the 9th ult.

Edinburgh, Feb. 11th, 1868.

Medical News.

INDIAN MEDICAL SERVICE.—The Military Secretary, India Office, presents his compliments to the Editor of THE LANCET, and begs to enclose a list of the candidates for her Majesty's Indian Medical Service who were successful at the competitive examination at Chelsea in August last, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley.

	Studied at	*No. of Marks*
Lethbridge, A. S.	Aberdeen and England...	5451
Stephen, A.	Aberdeen	5366
Ratton, J. J....	Ireland	5305
Newman, J. H.	Ireland	4984
Johnstone, H.	Aberdeen	4767
Gordon, W. R.	Aberdeen	4436
Davidson, J....	Aberdeen	4389
Jayakar, A. S.	London	4291
Keith, J. F.	Aberdeen	3972
Trimmell, E. A.	England	3829
Harvey, C. A.	Edinburgh and Ireland...	3543
Hanks, W.	London	3339

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 27th:—

Brake, William Newman, Staff Surgeon H.M.'s Ship "President."
Cluff, James Stanton, Kildress, Cookstown, Ireland.
Geeties, Thomas Laurie, Gerard-street, Derby.
Johnson, Edward Reginald, St. Saviour's, Jersey.
Petman, Alexander Prince, Folkestone.

The following gentlemen also on the same day passed their first examination:—

Peirce, James Edward, St. Bartholomew's Hospital.
Stephens, Richard, Guy's Hospital.

THE annual dinner of the Hunterian Society took place on the 14th instant at the London Tavern, John Jackson, Esq., the President, in the chair, supported by Professor Owen, F.R.S., J. R. Gassiot, Esq., F.R.S., Henry Smith, Esq., President of the Medical Society, Dr. Braxton Hicks, the orator of the year, besides many visitors and a considerable number of members of the Society. Professor Owen, in reply to the toast of "The Visitors," remarked that the present advanced state of medicine and surgery was the result of the methods of inquiry instituted by John Hunter, in whose writings were the germs of most, if not all, modern discoveries in anatomy and physiology. In minute anatomical investigations Hunter used the simplest form of microscope, that which was left him by Cruickshank, by the aid of which he saw the ovum in the Fallopian tube. Now, by the use of the compound instrument, we have seen the ovum actually in the ovary, with its investing membranes, the germinal vesicle, and the germinal spot. Truly Madam de Staël said an atom was a world, and the world itself was an atom! In speaking of the microscope he could not avoid alluding to the deep obligation he was under to the father of the President, the late Mr. George Jackson, who first taught him its use, and who first excited in his mind a love of such investigations.

QUEKETT MICROSCOPICAL CLUB.—At the ordinary meeting held at University College on Feb. 28th, Arthur E. Durham, Esq., F.L.S., President, in the chair, three new members were elected, thirteen gentlemen were proposed for membership, and a number of presents to the library and cabinet were announced. Mr. M. C. Cooke exhibited a photograph of a new student's microscope lately produced by the Boston Optical Works; but, though apparently inferior in some respects to our ordinary five guinea instruments, its cost was stated to be sixty-five dollars, or about £13. A paper was read by Mr. Hislop "On Oblique Illumination," pointing out the influence of glass slides and other refractive media, upon obliquely reflected light, and suggesting methods for obviating some of those inconveniences which are often found to arise on account of dispersion and total reflection. Mr. Draper also read a very useful and suggestive paper "On the proper application of the Microscope by Amateurs," especially

urging upon them the desirability of carrying on their observations in a systematic manner, and of preserving permanent records of what they discover. Mr. Fred. Durham exhibited and offered some explanatory remarks upon a preparation of the head and part of the body of Tænia Solium obtained from the intestine of a dog; also, a specimen of Echinococcus from a hydatid cyst which had been successfully removed from a patient at St. Bartholomew's Hospital by the President. The proceedings terminated with a conversazione, at which many interesting objects were exhibited, and a new American Objective of the fifteenth of an inch focus was introduced by Dr. Thomas Purleigh, of Portland, U.S.A., and offered for comparison with the best English objectives of similar power.

THE DEATH OF AN ASTHMATIC AFTER A DOSE OF CHLORODYNE, NORTH SHIELDS.—The adjourned inquest was held on Wednesday. The mixture had been examined by Mr. Marreco, of the Newcastle School of Medicine. According to this examination, the patient would not take more than twenty-four drops of chlorodyne in a tablespoonful of the mixture. The jury returned a verdict of "Death from natural causes." As we read the evidence, the question of interest in the case was whether the patient had exceeded the dose he was instructed to take. No fresh evidence was taken on this point.

VOLUNTEERING AT THE POST OFFICE. — Lieut.-Colonel Du Plat Taylor, late of the Civil Service Rifles, and private secretary to the Duke of Montrose, Postmaster-General, has succeeded in raising a new corps of volunteers in the Post Office, the members of the said corps being for the most part "men of letters"—i. e., letter-carriers. Other officials, such as sorters, stampers, and messengers, have been pressed into the laudable undertaking; and up to the present time no less than seven hundred men have signed the muster-roll. The commanding officer of the new corps has nominated W. J. Bradford, M.B. (T.C.D.), of the Northern District Post Office, and E. Lloyd, M.R.C.S. Ed., of the General Post Office, to be the medical officers of the corps. Dr. Bradford has been for several years assistant-surgeon in the London Irish Rifles; and Mr. Lloyd formerly held a similar position in the London and Westminster Volunteers.

A VERY excellent likeness of the new medical baronet, Sir William Jenner, has been produced by Messrs. Wilson and Beadell, photographers, of New Bond-street.

SMALL-POX AT WOOLWICH. — The house-to-house inspection carried on at Woolwich in the districts infected with small-pox, as recommended by Dr. Seaton, has brought to light, as was anticipated, a large number of unprotected children. Many unvaccinated children were discovered in houses and rooms in which small-pox existed at the time of visitation. There has not been time as yet for the measures taken for the enforcement of vaccination to tell upon the course of the outbreak, as it is only a fortnight ago the provisions of the Vaccination Act applicable to the case were put in force. During the three weeks ending the 29th of February there were twenty-five deaths from small-pox, as compared with fifteen deaths in the six preceding weeks.

MEDICAL VACANCIES.

Birmingham General Dispensary—Resident Physician and Secretary, vice Mr. J. Garner, resigned; also a Resident Surgeon.
British Lying-in Hospital—Two Physicians.
Brompton Consumption Hospital—Additional Assistant-Physician.
Liverpool Royal Infirmary—Junior House-Surgeon.
Somerset County Lunatic Asylum—Superintendent, vice Dr. Boyd, resigned.
Surrey Dispensary—House-Surgeon, vice Mr. M'Nair, resigned.

MEDICAL APPOINTMENTS.

G. H. ANDERSON, M.B., has been appointed Medical Officer for the Lofthouse District of the Guisborough Union, Yorkshire.

A. N. AMBERY, M.D., has been appointed House-Surgeon and Secretary to the Royal Eye Hospital, Manchester, vice W. Calthrop, M.R.C.S.E., resigned.

J. F. V. BENT, M.B., has been appointed Medical Inspector under the provisions of the Merchant Shipping Act, 1867, for the Port of Bridgewater.

ALEX. BOYTLE, M.D., has been appointed Physician's Assistant at the South Staffordshire General Hospital, Wolverhampton, vice B. W. Lamb, M.R.C.S.E., resigned.

J. F. C. BROWN, M.D., has been appointed House-Surgeon to the Chalmers Hospital, Banff, vice S. Clark, M.D., resigned.

R. G. H. BUTCHER, M.D., has been appointed Assistant-Surgeon to Sir Patrick Dun's Hospital, Dublin.

H. CLOTHIER, M.B., has been appointed Resident Medical Officer to the Mineral-water Hospital, Bath, vice J. Cooke, M.B., resigned.

A. A. DAVIS, M.R.C.S.E., has been appointed a Medical Inspector under the provisions of the Merchant Shipping Act, 1867, for the Port of Fowey.

MR. SAMPSON GAMGEE has been elected a Fellow of the Royal Society of Edinburgh.

S. J. GEE, M.D., M.R.C.P.L., has been appointed an Assistant-Physician to St. Bartholomew's Hospital.

S. G. GILBERT, M.R.C.S.E., has been appointed Medical Officer for the Sedgley No. 3 District of the Dudley Union, vice H. Gilbert, M.R.C.S.E., resigned.

J. C. HAYES, M.D., has been appointed Second Medical Officer, Public Vaccinator and Registrar of Births &c., for the Tarbert Dispensary District of the Glin Union, Co. Limerick.

Dr. ROBT. LEE has been appointed Consulting Physician to the British Lying-in Hospital.

C. M'CASKIE, L.R.C.P.Ed., has been appointed Medical Officer for the Laughton District of the Rotherham Union, Yorkshire, vice W. Latimer, L.R.C.S.Ed.

J. MACKEEF, M.D., has been appointed a Medical Inspector under the provisions of the Merchant Shipping Act, 1867, for the Port of Waterford.

H. MITCHELL, M.B., has been appointed Medical Officer for the Aspatria District of the Wigton Union, Cumberland, vice E. Wilkinson, M.D., deceased.

T. H. MITCHELL, M.R.C.S., has been appointed Divisional Surgeon to the Y Division of Police, Caledonian-road, vice Dr. Billingshurst, resigned.

M. H. MOLLOY, L.K.Q.C.P.I., has been appointed Medical Officer and Public Vaccinator for the Largantogy Dispensary District of the Manorhamilton Union, Co. Leitrim, vice T. Davis, M.D., resigned.

F. OGSTON, M.D., Professor of Medical Logic and Medical Jurisprudence in the University of Aberdeen, has been appointed Medical Officer of Health for Aberdeen.

D. RICE, M.R.C.S.E., has been reappointed Medical Officer for the Harbury District (which has been increased by the addition of two Parishes from the adjoining District of Burton Dassett) of the Southam Union, Warwickshire.

H. RIDLEY, M.R.C.S.E., has been appointed Surgeon to the Newcastle-upon-Tyne Lying-in Hospital, vice G. C. Gilchrist, L.M., C.M., resigned.

A. STRANGE, M.D., Second Assistant Medical Officer to the Gloucester County Asylum, has been elected Assistant Medical Officer to the Chester County Asylum.

Dr. E. B. TRUMAN has been appointed one of the Consulting Surgeons to the Nottingham General Dispensary.

G. R. WILDE, M.R.C.S.E., has been appointed a Medical Officer of the Cottage Hospital, Mildenhall.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

C. H. CHAMBERS, M.R.C.S.E., Surgeon R.N., has been appointed to the "Canopus" (additional).

A. FISHER, M.D., Surgeon R.N., from the Woolwich Royal Marine Infirmary, has been appointed to the "Endymion."

T. GODRICH, L.R.C.P.L., has been appointed Surgeon 48th Middlesex Rifle Volunteer Corps, vice Sheppard, whose services have been dispensed with.

J. R. GRAY, M.D., Assist.-Surgeon Liverpool Rifle Volunteer Brigade, has been promoted to Surgeon, vice Taylor, resigned.

WM. G. HILL, L.K.Q.C.P.I., Surgeon R.N., has been appointed to the "Canopus" (additional).

J. W. S. MEIKLEJOHN, M.D., Surgeon R.N., has been appointed to the "Victory" (additional).

A. RATTRAY, M.D., Surgeon R.N., has been appointed to the "Fingard" (additional) for service at the Woolwich Royal Marine Infirmary.

Births, Marriages, and Deaths.

BIRTHS.

On the 10th of Jan., at Anarkullee, Lahore, the wife of B. Brown, M.D., of a son.
On the 30th of Jan., at St. George's, Bermuda, the wife of Usher W. Evans, M.D., Surgeon-Major, of a daughter.
On the 9th ult., at King-street, Blackburn, the wife of Walter Garstang, M.D., of a son.
On the 29th ult., at Woodstock, Oxon, the wife of J. Gregory White, M.D., of a son.
On the 20th ult., at Spring-gardens, the wife of F. J. Remsley, M.D., of a son.
On the 27th ult., at Scarborough, the wife of A. Megget, M.R.C.S., of a son.
On the 29th ult., at Brunswick-square, the wife of M. Davis, M.D., of a daughter.
On the 2nd inst., at Kingston-crescent, near Portsea, the wife of Dr. Wills, of a daughter.

MARRIAGES.

On the 20th ult., at Holywell, Ralph Robert Scott, L.K.Q.C.P.I., Surgeon 80th Regiment, to Charlotte Mary, daughter of the late Thos. Mather, Esq.
On the 25th ult., at Great Stambridge, Essex, T. King, M.R.C.S.E., to Louisa, daughter of Wm. Hugh Rankin, Esq.
On the 26th ult., D. C. L. Owen, Surgeon, of Steelhouse-lane, Birmingham, to Anna, daughter of John Greene, Esq., Surgeon, of St. George's, Wellington, Salop.

DEATHS.

On the 12th ult., near Suez, on board the troop ship "Euphrates," Fred. Powell, M.R.C.S.E., Assist.-Surgeon 2nd Battalion Royal Regiment, aged 25.
On the 27th ult., John R. Dickson, M.D., of Whalley, Lancashire.

On the 28th ult. (during the operation of tracheotomy), John Chester, the only son of J. B. Woolmer, M.R.C.S., L.S.A., aged 7 years.
On the 29th ult., at Polar House, Tredegar, Charles Edward Sloper, M.D., M.R.C.S.E., &c., eldest son of the late John Sloper, Surgeon, of Pontypool, aged 48.
On the 1st inst., James Edward Meadows, son of Ashton Forest Meadows, Esq., of Trafford-bank, Old Trafford, and grandson of Dr. Pettinger, of Manchester, aged 6 years.
On the 1st inst., Thos. Wilson, M.D., of Nottingham, aged 55.
On the 1st inst., Ronald Montgomery, M.R.C.S.E., of Devizes.
On the 2nd inst., C. C. Cogan, M.D., of Greenwich, Kent.
On the 2nd inst., Maud Mary Isabel, infant daughter of Sidney and Isabel Turner, of Woodside, Upper Norwood, aged 7 months.

BOOKS ETC. RECEIVED.

Synopsis of the Pathological Series in the Oxford Museum.
Owen's Conspectus.
Prof. Tyndall on Heat as a Mode of Motion.
Sir H. Thompson on Diseases of the Prostate.
Mr. W. J. Coulson on Stone in the Bladder.
Mr. White's Life and Writings of Swedenborg. Two Vols.
Mr. T. C. Jackson, on Circumscribed Abscess of Bone.
Dr. Horton on the Guinea-worm.
Dr. Hudson on Fever.
Dr. E. H. Clarke on Polypus of the Ear.
Dr. Klob's Pathological Anatomy of the Female Sexual Organs.
Mr. R. Dunn on Phenomena of Life and Mind.
Dr. D. F. Condie on the Diseases of Children.
Prof. Griesinger: Traité des Maladies Infectieuses.
Dr. Wise's Review of the History of Medicine. Two Vols.
&c. &c. &c.

Medical Diary of the Week.

Monday, March 9.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
MEDICAL SOCIETY OF LONDON.—5 P.M. Anniversary Oration.

Tuesday, March 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. G. Scharf, "On Historical Portraiture."
ETHNOLOGICAL SOCIETY OF LONDON. — 8 P.M. Mr. Crawfurd, "On the Migration of Plants yielding Fermented Alcoholic and Oleaginous Materials." — Miss Haigh, "On the Island of Teneriffe and its Aboriginal Inhabitants, the Guanches." Communicated by Sir John Lubbock, Bart.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Hulke, "On Excision of the Wrist by Lister's Method."—Mr. J. F. West, of Birmingham, "On Excision of the Wrist."

Wednesday, March 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. Adjourned Debate on Mr. Jonathan Hutchinson's paper.

Thursday, March 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. G. Scharf, "On Historical Portraiture."

Friday, March 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
ROYAL INSTITUTION.—8 P.M. Mr. Stanley Jevons, "On the probable Exhaustion of our Coal Mines."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Papers will be read on "Rheumatic Arthritis," "Ectopia Vesicæ," "Cancer of Œsophagus," "Operation for Varicocele."

Saturday, March 14.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Roscoe, "On Non-Metallic Elements."
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.

To Correspondents.

PHYSIOLOGY AND MUSCULAR FEATS.

THE feats which for the last few weeks have daily attracted thousands to the Agricultural Hall have an interest for our readers. They involve not a few physiological questions, and show what can be done with nerves and muscles. It is no part of our concern to consider the obvious risks of such wonderful performances as those of the two boys, "the brothers Palmer," or that of the "Great Ethardo" in his spiral ascent on a ball placed on a narrow plank, or that of the fly-man, Mr. Palmer; or the defensibleness of such risks, or of witnessing them. We must leave these questions to the performers and the public. It must be admitted that we should not know what were the refined capabilities of nerves and muscles apart from such exhibitions. The feat of Ethardo is remarkable for tremulous movements of the limbs executed with the finest precision, for the most exquisite disposal of the weight and inclination of the body, and the long continuance of the muscular effort. It might be expected to be very exhausting; but, like a true artist, Ethardo makes rather light of it. He does not confess to any particular exhaustion from the feat, even when done twice in one day, as on Monday last. He enjoys wonderfully good health, and is never conscious of having "nerves." He lives temperately, taking a moderate amount of bitter beer to dinner, and—the doctrine of the Anti-Tobacco Society notwithstanding—he smokes five or six cigars a day, as also does the fly-man. He is about twenty-six years old, and inherits his gymnastic talents from his father, who is still alive and well. Confirming the idea of the hereditariness of these as of all other talents, we may mention that it is Ethardo's sister who performs so exquisitely on the wire-rope, and that at least one of the wonderful boys, known as the "brothers Palmer," is the son of the fly-man. As regards the act of walking head downwards across the ceiling, it is beyond all physiological bounds. There is no warrant even among flies for such a feat. The effects of it on the performer are obviously much more serious than those of the spiral ascension. The breath is very short, the pulse is quickened, and the bystander is impressed with the idea that it is no joke for a man of thirty-eight to walk head downwards for about a minute—an impression in which he is amply confirmed by the "renowned professor" after he has recovered his breath, who candidly confesses to being blind sometimes by the time he is half way across the glass-ceiling, and to having frequent bleedings from the nose. He insists that the blinding feelings come on sooner or later according to the degree of heat of the atmosphere. It scarcely requires a physician to point out that the strain upon the bloodvessels in this proceeding must be enormous, and that the risk of such a strain must increase greatly with the advance of years. With every disposition to allow and admire every feat which is physiological in its character, we must enter our protest against one which outrages all physiology, and which gives such ominously pathological indications as the above.

Galen Junior.—Twenty-eight. Full particulars about the army medical service can be obtained at Whitehall-yard.

Dr. Swaary (Berlin) is thanked; but we have not space for the articles.

SURFACE WATER A FREQUENT CAUSE OF DISEASE.

To the Editor of THE LANCET.

SIR,—The importance of the subject upon which I am about to make a few observations will, I trust, be deemed a sufficient reason for this intrusion on your valuable space.

For some time past a very large share of the public attention has been directed to the question of the purity of the water consumed; and since it has been so conclusively shown that outbursts of cholera, typhoid fever, and other diseases are so closely dependent upon bad water, it is still highly necessary to keep the matter before the eyes of the medical profession and the public, and to insist on the necessity of continuing to take precautionary measures, to exercise a wakeful vigilance, and in every doubtful case to have the suspected water tested, lest evils arise greater even than those which have heretofore occurred.

This vigilance ought to be exercised at the present time more particularly, since the warm or rather hot season is rapidly approaching, and a water, although bad, which has been used in the winter with no ill-effects, would most probably become dangerous in the hot weather. The reason of this is simple: the organic matter in solution is far more liable to change with warmth and to decompose, giving rise to products of a deleterious character.

Looking over the results of the large number of waters, especially well-waters, we have analysed, we are astonished at the very small proportion of waters that were at all pure, and that we could pronounce fit and safe to drink; for they did not, in fact, amount to 20 per cent. In many cases we have had waters sent which contained from 80 to 90 grains of total impurity per gallon, and which yielded from 6 to nearly 10 grains of matter, chiefly organic, destroyed by incineration, and which also were loaded with nitric acid and ammonia. In fact, some of the waters to which I have just referred had occasioned serious outbreaks of disease, in some instances in public institutions. Again, some of the waters we have tested contained lead, one or two in large and injurious quantity.

The necessity cannot be impressed too strongly upon the medical gentlemen who are resident in country towns and villages of investigating closely the condition of the water-supply, especially to ascertain the state of that derived from wells, which are too often in proximity to the drain-pipes, gas-pipes, cesspools, stagnant ponds, privies, ditches, &c., the matters contained in which very rapidly percolate through the soil, particularly if sandy or gravelly, and poison the water being consumed.

I am, Sir, your obedient servant,
THOMAS VOSPER, F.C.S.

Analytical Sanitary Institution, Charles-street,
Manchester-square, February, 1868.

PROFESSOR GAIRDNER ON MONEY-GETTING.

WE are always glad when a physician of acknowledged authority and high standing discourses ably upon an important moral question affecting the duty of all men, whether commercial or professional in their avocations. This is what Dr. Gairdner has done in the address which lies before us on Certain Moral Aspects of Money-getting. The morality of money-getting, or of the various modes of money-getting, is a subject upon which it becomes all earnest men to think seriously. Dr. Gairdner has tried to define the ways in which money-getting may be made consistent with high moral ends and feeling; and we think he has succeeded, to say nothing of the literary pleasantness of his pamphlet, which is very great. Dr. Gairdner would import more of the professional feeling into business. He would have all men aim not only primarily at making profit, but at rendering service; at giving "*value*," "not in the mere commercial sense of purchasing-power," but in the far nobler sense of "value in use"—i. e., extended comforts and increased happiness to his fellow-men. Though Dr. Gairdner speaks of professional pursuits as tending to qualify and elevate the money-getting part of human nature, he is too just an observer not to see that even in the medical profession there are men in whom the selfish and mercenary feeling predominates, and we cannot do better than give the cogent passage in which he depicts such men:—"The physician who is so greedy for emolument that he cannot be downright and sincere, cannot divest himself of the habit of speaking smooth speeches without reality, and practising small attractive devices without meaning; who now pursues a fashionable line of practice without conviction, and now abandons a real conviction because it is unfashionable, ceases thereby to be a physician, and becomes a quack. His advice will then no longer be the best advice he can give, but the advice which he thinks will *answer* by flattering the prejudices and ministering to the depraved appetites of his patient or of society." The address was originally delivered to an association of young men in connexion with a church in Glasgow, which had rendered valuable service by co-operation with Dr. Gairdner in the time of the recent cholera epidemic. It states at greater length Dr. Gairdner's views on the subject upon which he had touched previously in an address to the graduates of last year. It is admirable from every point of view, and should be read by medical men and medical students.

Mr. Callender's valuable paper "On the Treatment by Manipulation of Dislocation of the Thigh Backwards, or in the Ischiatic Notch," shall appear in our next impression.

Mr. Robinson should inquire at the Post-office at Preston.

Zeta.—The opponents of vaccination form but a mere fraction of the educated community.

THE MICROSPECTROSCOPE.

To the Editor of THE LANCET.

SIR,—The microspectroscope appears to me a reliable and useful test for strychnia. A crystal of strychnia is dissolved in a little strong sulphuric acid, and placed in a Sorby's cell; a few drops of a dilute solution of potassic ferridcyanide in the same acid are added, the cell covered with thin glass, shaken, and placed on the stage without a moment's delay. A very fine absorption band immediately below—i. e., nearer the red than the double band of scarlet blood (which may be kept as a comparison object)—appears. In from ten to thirty seconds this band fades away, and after an interval of about a minute is succeeded by a second band immediately *above* the blood band alluded to. This second band becomes more and more distinct, and is permanent. It is not in itself characteristic.

Neither brucia, atropia, aconitinia, morphia, quinia, nor salicin gives this reaction.

Curiously enough, however, the beautiful blue solution obtained by acting upon a solution of the red pigment of bile (separated from bile by agitation with chloroform) with chlorhydric and nitric acids gives a similar spectrum passing through similar changes. It would be very interesting could it be shown that the bitter principle of the bile was an alkaloid allied to strychnia. This would explain how morphia, which is said to retard hepatic excretion, induces cutaneous hyperæsthesia, and sometimes tetanic convulsions.

I remain, Sir, yours truly,

Sheffield, February 14 h, 1868. WILLIAM FRANK-SMITH.

Surgeon, &c.—Three winter and two summer sessions' attendance at a recognised hospital, commencing next October, will suffice, provided he produce, in addition, a certificate of eighteen months' pupilage subsequent to the date of his passing the preliminary examination; thus making together the four years' professional studies required by the College.

Henrietta.—Mr. Nye, of Wardour-street, would supply our fair correspondent with the information required.

A. B. is, we believe, bound to fill the office; but surely he would be excused doing so by the authorities.

Dr. John Evans.—We shall be happy to insert the notes of the case if briefly given.

THE request of *Mr. J. C. Chalmers* shall receive attention.

ADVERTISERS.

To the Editor of THE LANCET.

SIR,—In *The Times* of to-day the physicians consulted in Mr. Speke's case state: "Unfortunately those from whom he sought advice were 'advertisers,' and they increased his fears, and aggravated his despondency." In another column of the same journal is a list of works by some of the leading men in the profession, and I cannot but think the authors of these books run great risk of being ranked with so-called advertisers. What is the object of these advertisements? Some are rather nasty, and others laud the author in no measured terms. Formerly, following a bad example, I allowed advertisements of my professional works to appear in the daily papers; but I have long felt that such should be restricted to the medical journals only.

Yours, &c.,

New Broad-street, March 4th, 1868. C. F. MAUNDER, F.R.C.S.

CORONERSHIP OF WEST MIDDLESEX.

THE opinion of counsel which has been taken by Dr. Hardwicke as to whether a graveholder is entitled to vote as a freeholder is in the negative. On the first day of next term a writ of *quo warranto* will be moved for. It is said that Dr. Hardwicke's agent is in possession of information sufficient to upset the election, without disputing the legality of the votes of watermen or "graves;" a large number of persons having voted on the other side who never resided in the district of West Middlesex, many persons having voted twice, and others being under twenty-one years of age.

Dr. Wolff, (Aberdeen.)—We will endeavour to commence the publication of the papers next week.

A Medical Tutor.—Somewhere in the neighbourhood of Russell-square.

PRUSSIC ACID AN ANTIDOTE TO STRYCHNIA.

To the Editor of THE LANCET.

SIR,—Your impression of the 22nd instant contained a letter, with the above heading, from Mr. Rimmington, of Bradford. In confirmation of his remarks therein, I may mention that the following occurrence came under my notice about two years since:—

One morning I found a favourite cat of mine suffering from symptoms which at once pointed to poisoning by strychnia. The tetanic spasms of the trunk and extremities, opisthotonos, and convulsive movements of the eyeballs were so characteristic that little doubt was entertained of the nature of the poison. After giving several substances as antidotes without benefit, the antagonistic properties of prussic acid, in medicinal doses, suggested to me a trial of that drug. I administered a dose at a neighbouring chemist's, when a rapid, copious, and almost instantaneous action of the bowels followed. The animal seemed to be much exhausted in consequence; but after an hour's rest appeared to have recovered from the effects of the poison, with the exception of slight irregular contractions of the muscles of the head (the right side and corresponding eyeball more than the left) and fore-legs. These gradually subsided in from three to four days, and the cat has continued quite well ever since. I regret that I cannot recall the exact amount of (Scheele's) acid given.

The prompt and unequivocal manner in which the prussic acid acted as an antidote in Mr. Rimmington's case and in the one just mentioned suggests the necessity of fully investigating the reciprocal actions of prussic acid and strychnia. I am not aware that prussic acid is named in any work on Toxicology as an antidote to nux vomica, whether given in medicinal or other doses. It is more manageable than tobacco, and more easily procurable in emergency than nicotina.

Yours respectfully,

Queen's College, Belfast, Feb. 28th, 1868. F. M. PIERCE, M.R.C.S.

To the Editor of THE LANCET.

SIR,—There is, I think, a little obscurity in Mr. Rimmington's case, as related in your impression of February 22nd. I am afraid the poison (?) administered to the dog could not have been quite so powerful a one as strychnia, seeing that some little time must have been lost, first, in looking at the dog whilst in the fits; and secondly, in going to and from the druggist's for the prussic acid. Could Mr. Rimmington give the exact time which elapsed from the administration of the poison to the exhibition of the antidote, it would go a long way towards making the case complete.

In the absence of all direct proof that poison was administered to the dog, might I be allowed to suggest that it is just possible the spasms from which the animal suffered might be those which are vulgarly called "dog-fits"—a species of epilepsy, I presume. That prussic acid may not be an antidote for strychnia, the following case will show negatively:—

I administered to a dog, which had no strychnia in its system whatever, seventy minims of prussic acid (P.L.) The only effects produced were staggering, difficulty of breathing, and the discharging of an immense quantity of black, hard fæces. I can certify that the animal had had no food for some hours, and that the acid was of excellent quality.

I am, Sir, your obedient servant,

Derby, February, 1868. THOS. L. GENTLES, Surgeon.

Veritas should send his name. We have no means of affording him the information unless he can furnish us with the correct name in full of the person he refers to, and the College of which he states he is a member. "Veritas" on the other points should place himself in communication with the gentlemen whose names are mentioned.

Mr. Guy.—In an early number.

C. H. will perceive the question answered by Mr. Lumley in another column.

DR. SIEGERT'S AROMATIC ANGOSTURA BITTERS.

To the Editor of THE LANCET.

SIR,—Would you allow me the favour of asking your correspondent, "Pikros," upon the above-named "bitters," where they can be obtained in this country, also the price? Yours obediently,

February 25th, 1868. DYSPEPSIA.

Dr. J. Brown (Oldbury), in a letter of explanation, reiterates the statement he made in his former letter. He denies that he was not duly elected. He says Mr. Beatty was afterwards chosen because he had been twenty years a public servant, and that he was always at home, being an invalid. Dr. Brown further states that five of the guardians opposed the rescinding of the vote for his election.

M.R.C.S. and L.S.A.—Such circulars as that of Saml. C. Griffith, M.D., are offensive; but they seldom secure the object which the advertiser has in view.

CASSAREET.

To the Editor of THE LANCET.

SIR,—Can you or any of your readers inform me how cassareet, or cassaroep, is obtained from the plant? I have never seen it, but am under the impression that it is the sap of the poisonous cassava tree, a native of the West Indies, and should feel greatly obliged for any information, and where it can be obtained in England. Its most valued quality seems to be that it imparts a delicious flavour to all kinds of meat steeped and preserved in it.

Your obedient servant,

February 22nd, 1868. QUERENS.

A Medical Student.—The cause of non-syphilitic alopecia is a matter of some uncertainty. In those cases in which the hair falls off generally from the scalp, the loss may be due to family peculiarity, but more commonly to influences that directly tend to produce general, and therefore local, nutritive debility, or to diseases in which the scalp is inflamed, as in eczema. In localised alopecia it would seem as if there were a loss of nerve power. The sensibility of these "areatic" spots is often diminished. In some cases the fungus can be detected, and in these cases, no doubt, it helps materially if it does not cause the loss of hair. No plan of treatment can be laid down for general adoption. Each case must be judged on its own individual merits.

Studens Medici (?)—At any stationer's where military books are sold. The regulations about entering the service, however, can be had by application to the Director-General, Army Medical Department, Whitehall-yard, S.W.

E. A.—Next week.

WORMS IN FISH.

To the Editor of THE LANCET.

SIR,—I noticed to-day what I have never seen or heard of before—viz., the presence of worms in the inside of *cooked* fish. I had a dish of fried smelts, and had partaken freely of them, when, to my horror, I discovered in the lower part of the belly of one of them two or three white worms from one to two inches, I should say, in length, curled up; and, worse still, I found they exhibited signs of life, notwithstanding the cooking they had undergone. I called the attention of a friend who was dining with me to this, when, on looking at his plate, he exclaimed, "Why surely this is another," and true enough so it was.

I think I may say I have eaten my very last smelt, hitherto a favourite dish. I want to know if the presence of worms in fish is a common occurrence? and, supposing the fact of any of these creatures to have been swallowed, would there be any likelihood of their living and thriving in the human stomach, as I understand the trichinæ might do? If cooking will not kill them, one would suppose nothing would. Are they, do you suppose, at all allied to the trichinæ type. They were very similar in shape—though, of course, much smaller—to worms that I have seen taken from the stomachs of two pigs I have had killed; thick in the middle, and tapering towards each extremity. These last were most objectionable-looking things, five or six inches long or longer; and although my butcher assured me the meat of the pig would be none the worse, and indeed to all appearance it was beautiful meat, I could not fancy to have it, notwithstanding the pig had been fed on the best of food. Do you suppose the meat would be any the worse?

I shall be much obliged if any of your numerous correspondents can give any information on what appears to me a very unpleasant adjunct to a fish dinner.

I am, Sir, yours very truly,

Lincoln, February 22nd, 1868. AN INQUIRER.

*** Our correspondent, if he were an helminthologist, would know that entozoa, especially nematodes, are very common in fish; and if he will in future keep a sharp look out, he will constantly find these parasites in herrings, sprats, and smelts brought to table. The worms may be eaten with impunity. Their movements are due to the elasticity of their integuments, and are no indication of life. The species in question is the *Agamonema bicolor* of Diesing.

Fiat Justitia.—If the facts as stated are true, the case would seem to be one which might form a subject for ethical comment in the first instance at some of the local Societies of the district. This course has been followed with advantage and satisfaction in other instances of the kind.

Mr. W. Whitehead shall receive a private note.

WHOLE MEAL BREAD.

To the Editor of THE LANCET.

SIR,—Allow me to add to your article on bread in last week's LANCET my experience of the use of bran in making it.

I boil the bran first for an hour and a half or two hours. I have used it thus prepared. I have used the bran-tea without the bran. I have tried both ways, with brewer's yeast and with home-made baking-powder (a teaspoonful to a pound of flour) with complete success, making most delicious and wholesome bread. I use seconds flour; and for baking-powder, I mix the bran, well strained, with the flour, powder and salt, before adding the bran-tea, all quite cold.

To make baking-powder:—Carbonate of soda, 6 parts; tartaric acid, 4 parts; fine sugar, 2 parts; salt, 1 part.

I remain, Sir, yours truly,

March 2nd, 1868. A DOCTOR'S WIFE.

P.S.—I shall be happy to afford further information if desired.

E. J. P.—Being simply a member of the Royal College of Surgeons, he is not entitled by law to practise as an apothecary, and he could not recover for attendance and medicines in a medical case.

ANGLO-GERMAN OPHTHALMIC HOSPITAL.

WE have received a lengthy correspondence from the Secretary of this institution relative to the letters which appeared in our last issue. It shall receive attention in our next number.

A Subscriber.—There is no reason why he should not.

DISEASE OF THE GUMS.

To the Editor of THE LANCET.

SIR,—A patient of mine, aged about forty, during several years past has had a discharge of pus from between the gums (chiefly) and front teeth of the upper jaw. He has no pain in the gums or teeth, neither are the teeth very loose; but when the gums are pressed on, pus (inodorous) issues from between the gums and teeth. He never had syphilis or a course of mercury. Various means, local as well as constitutional, have been tried to put a stop to this very disagreeable state of matters, but without effect. Could any professional brother suggest a mode of treatment that might be successfully pursued in combating this affection?

I remain, Sir, yours truly,

February, 1868. M.R.C.S. Eng.

Mr. George Rigden, M.R.C.S., communicates to the *Kentish Observer* the benefits which have accrued to the city of Canterbury under the operations of the Local Government Act. In the last two years there has been a saving of the lives of 147 persons, and (estimating upon an average that 25 cases of sickness terminating in recovery are represented by each fatal case) of 3675 cases of sickness, in comparison with the observations of the two preceding years (1864 and 1865), when the Act was not in force in the city. This state of things cannot fail to be extremely satisfactory, not only to the citizens of Canterbury, but to all who are concerned in the success of sanitary measures.

CHILDREN OF DRUNKARDS.

To the Editor of THE LANCET.

SIR,—In answer to "Shy Lock's" inquiries, I beg to say that I am acquainted personally with a family whose mother was addicted to intemperance during the months of pregnancy, and the alcoholic effects on the progeny is quite in accordance with your correspondent's views. One of the daughters, aged thirty, lives almost in total seclusion, even from her own family. She retires to her own room in the day-time, where she remains all day undisturbed; and when the family go to rest at night, she gets out of her room, and is going about all night till the morning, and will not allow anyone to see her. There are three others of the family not quite so peculiar; still they are not much better than imbeciles, and delight in retirement. The father is an intelligent business man. The mother still adheres to her old habits.

Yours truly,

February, 1868. A PHYSICIAN.

L. G.—The preliminary examinations take place in June and December of each year. The exact dates will be duly announced in the pages of THE LANCET.

PAYMENT OF PARISH AND CLUB DOCTORS.

To the Editor of THE LANCET.

SIR,—In reference to the Union and Club remuneration question, could not some universal co-operation scheme be organised by way of circular from a central Society, say Birmingham, requesting the union hospital medical officers to obtain the names of those gentlemen in his county or especial district who are willing to forego any of these appointments under a stated rate, and the names of those refusing to give their signatures might be forwarded to the medical press for proper publicity.

By some such universal scheme we may hope for an amelioration of our present wretched pay. Without it, for obvious reasons, the present holders of such posts have their hands effectually tied.—Faithfully yours,

February, 1868. NIL DESPERANDUM.

Dr. Dick, (Whitehaven.)—The circumstances to which our correspondent alludes shall not escape attention.

Mr. G. H. Watson.—The University of St. Andrews.

A Headache Sufferer.—We do not prescribe in this place.

CURRANTS.

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me what is the amount of saccharine in currants (dried), such as are used in puddings, &c.? There is at present a large stock of this fruit in London, and an idea is gaining ground that it would be useful to distillers and rectifiers for sweetening.

I am, Sir, yours, &c.,

Mincing-lane, February 14th, 1868. RICHARD WITHERBY.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson; Mr. George Callender; Mr. Gamgee, Birmingham; Dr. Marcet; Dr. Fuller; Dr. Ogle; Mr. C. F. Maunder; Mr. Berkeley Hill; Dr. T. K. Chambers; Dr. Hassall, Ventnor; Mr. Hugh Sharp, Cullen; Mr. M'Vail, Alnwick; Mr. Robinson, Preston; Mr. C. Brooke; Mr. Richards; Mr. Whitehead, Manchester; Mr. Megget, Scarborough; Mr. Morgan, Tredegar; Mr. D. Dunlop, Holywood; Mr. Lumley; Mr. Newman, Broadmoor; Mr. Vesper; Mr. Phillips; Mr. Rose; Dr. Dickson; Mr. Harrison; Mr. Badon; Mr. Lee; Dr. Leslie; Dr. Shaw; Mr. Roberts; Mr. Ariell; Mr. O'Leary; Mr. Colton; Mr. C. Trenerry, Gibraltar; Dr. Ewens, Milton Abbas; Dr. A. Strange, Gloucester; Mr. Wilks; Mr. Rigden; Mr. Squire; Dr. Garstang, Blackburn; Mr. Hopgood; Mr. Savage; Mr. Turner; Mr. Chalmers; Mr. W. T. Grant; Dr. Macrae, Whitby; Mr. H. Smith; Mr. Wills; Dr. Morris; Mr. Woolmer; Mr. Hebblethwaite; Mr. Reeve, Bala; Dr. Hawksley; Mr. R. Humphrey, Swansea; Mr. Duke; Mr. Pierce, Belfast; Dr. Curran; Mr. Harris, Liverpool; Mr. Biddle; Dr. Lloyd; Mr. Hogan, Portsmouth; Mr. Coathupe; Mr. Reed, Coleraine; Mr. Bigerley; Mr. Crisp; Dr. White, Woodstock; Dr. Dobie; Mr. Cheesewright, Sturminster; Mr. Walker, Wakefield; Mr. Weber; Mr. Elliott; Mr. Newhouse; Mr. Garneys; Dr. H. R. Swanzy, Berlin; Mr. T. Lucas; Mr. W. Sowdon; Rev. T. White; Dr. Lethbridge; Mr. Gale; Dr. Nunes-Vais, Florence; Mr. Gentles, Derby; Mr. Blatchley; Dr. Latham, Cambridge; Mr. Daniel; Mr. Garraway; Mr. J. B. Langley; Mr. Borham; Mr. Cane; Mr. Pratt, Poole; Mr. Wight; Mr. Burgess; Dr. Harper; Mr. Thomas; Mr. Goole; Mr. Holmes, Slough; Dr. Brown, Oldbury; Mr. Owen, Smethwick; Mr. Reed, Tunstall; Mr. Gay; Dr. Hess; Dr. Woodward, Worcester; Mr. Hales; Mr. Crofts; Mr. Coombs; A. D.; Galen Junior; Junius Medicus; E. J. T.; Crux; Surgeon, &c.; S. G. W.; The Secretary of the Medical Society of London; An Old Fellow; A. B.; A Fifteen Years' Subscriber; The Military Secretary, India Office; T. & W.; Verb. Sapient.; M. H.; New Brighton; Medicus, Londonderry; Veritas; Pro Bono; General Register Office, Dublin; A Medical Student; M.R.C.S.; Clinical Society of London; A Subscriber, Derby; Observer; Hartlepool; A Headache Sufferer; An Assistant-Surgeon, R.N.; &c. &c.

THE *South Durham and Cleveland Mercury*, the *Cardiff Times*, the *Birmingham Daily Post*, the *General Advertiser* (Dublin), the *Carnarvon Herald*, the *Gleaner* (Jamaica), the *Sheffield Daily Telegraph*, the *St. Christopher Advertiser*, the *Brighton Gazette*, the *Eastern Times*, and the *Suffolk Mercury* have been received.